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TIMES AND REGISTER.

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EDITED BY WILLIAM F. WAUGH, A.M., M.D.

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NEW YORK AND PHILADELPHIA, AUGUST 3, 1889.

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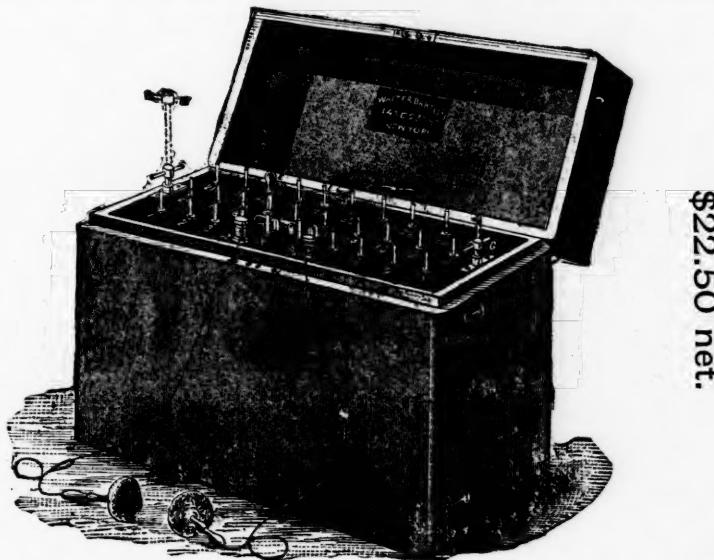
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THE firm of H. K. Mulford & Co. is one of the most enterprising in the city.

A WHOLESOME and agreeable summer beverage is the Ponce de Leon ginger ale.

WE have examined a number of drugs prepared by Stevenson and Barnes, and can recommend them to our readers.

A DELIGHTFUL way to spend an hour on these hot days is to take a dip in the pool at the Natatorium, Broad St. below Walnut.

WE have found uses for a great deal of Bromo pyrine this summer, in the relief of headaches and neuralgias due to exposure to the sun.

SPEAKING of typhoid fever, Strumpell's "Text-book," page, 20, ed. of 1888, says; "In severe cases Nestle's food (kindermehl) has often been employed by us with benefit.

A HOMEOPATHIC exchange has in its table of contents the caption: "green diarrhoea in coffee," but a search through its pages fails to discover the article; so that we are unable to state whether it is a case of homeopathic proving or one of infantile improvidence.

A SALOON keeper in New York was recently discovered substituting other water when Apollinaris was asked for and it was shown that the deception was facilitated by the use of yellow labels resembling those used for Apollinaris.

The Apollinaris Company brought suit and obtained an injunction restraining the saloon keeper not only from selling other water as Apollinaris but also from using yellow labels on mineral water.

Practices of this kind should be condemned in any case but particularly so where the article is one that has a bearing on the health or comfort of the user.

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Prof. M. Semmola, M.D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M.D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the coca has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless."

"I therefore asked a well known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable."

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. *It is the Health Restorative Co.'s preparation.* (*Italics ours.*)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritation of the stomach and make it receptive of food. In extreme cases, where

the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

FEBRICIDE.

Under the name of FEBRICIDE we offer to the Medical Profession, in the form of pills, a complete Antipyretic, a Restorative of the highest order, and an Anodine of great Curative Power.

R.—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

In the dose of one or two pills, three times a day, "Febricide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific. Reports received from Physicians of eminence warrant us in recommending "Febricide" in the highest terms to the Medical Faculty.

N. B.—The pills being made without excipient, and with only coating sufficient to cover the taste, their solubility is almost instantaneous, and consequently of great advantage where prompt medication is required.

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Dr. A. J. Rogers, Juniata, Neb., writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with Rheumatism and Hyperesthesia which was very general, and also with Asthma, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, Rheumatism and Acute Sensitiveness were no more, and she has not felt anything of them since.

Dr. J. A. Brackett, of Pembroke, Va.: "I have used Febricide in case of childhood fever with remarkable effect, temperature 103°. I had tried other usual remedies without much change; soon after using Febricide the change was like magic."

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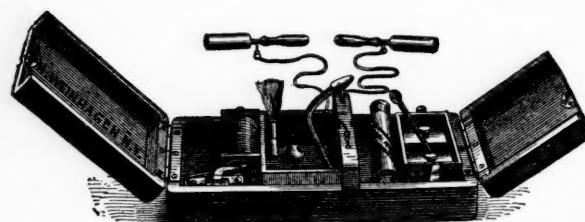
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FIFTH.—The Company gives to the Eastern public the opportunity of seeing the various products raised in the very localities where it makes its loans. It had an exhibition at the American Institute of New York City from October 3d to December 15, 1888, a beautiful assortment of Kansas and Nebraska grain, fruit, and grasses. Part of the Exhibit was the display made by Custer County at the Nebraska State Fair, for which a prize of \$100 was awarded.

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SIXTH.—The Company publishes every month a Bulletin giving full information about the amount, security, improvement, location, distance from railroad, etc., etc., of every loan offered for sale.

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ADDRESS FOR MONTHLY BULLETIN AND INVESTORS COMMITTEE REPORT FOR 1888,

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(Please mention The Times
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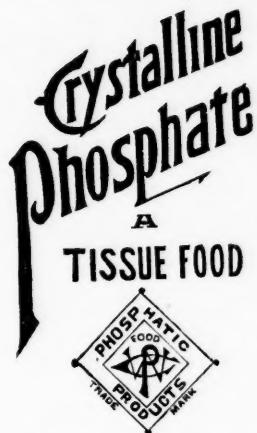
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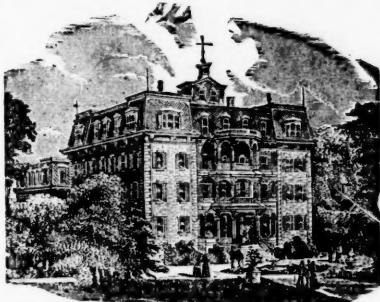
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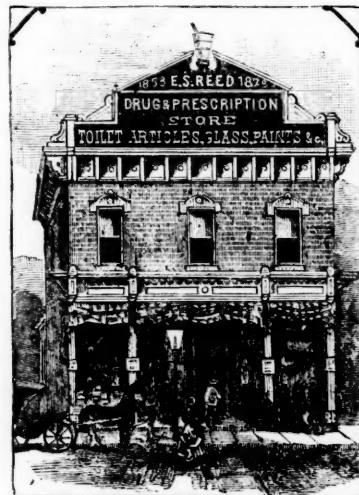
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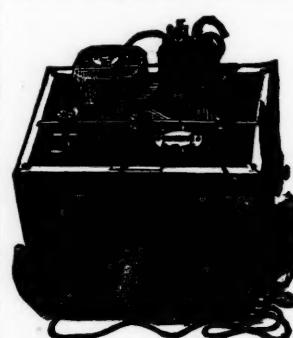
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Philadelphia Medical Times.
Vol. XX, No. 569.

NEW YORK AND PHILADELPHIA, AUGUST 3, 1889.

The Medical Register.
Vol. VI, No. 135.

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DIETETICS.

ON THE CHEMISTRY OF FOOD.

(Delivered at City Hospital, March 29, 1889.)

BY J. T. MC LAUGHLIN, M.D.,
SPRINGFIELD, O.

LECTURE II.

IN preparing these lectures on dietetics, I am in the condition of the man with an overloaded stomach, having too much matter on hand to digest properly.

To understand dietetics intelligently, and to appreciate the value of foods, as well as to apply them in practice, it is essential to be at least somewhat familiar with the various tables, given by standard authorities.

1. The chemical analysis of starch, as found in different foods.
2. The percentage of such starch.
3. The proportion of sugar.
4. The percentage of oils or fats.
5. The chemical composition of such oils or fats.
6. The complete analysis of the composition of the various articles of food.
7. The nutritive proportion of different kinds of food.
8. Tables devoted to nitrogenous or tissue-making foods.
9. Others giving the carbonaceous or heat-producing foods.

10. Others calling attention to the foods in which the tissue and heat-making elements are largely blended.

11. Comparison of animal and vegetable foods.

12. With these we connect, of course, the various tables showing the time in which articles of food, as a rule, are digested.

Now, here, in the tables alone, is a sufficiency of matter, which, if presented in condensed form, would occupy the time of several lectures. Hence my allusion in the opening sentence. As these tabular statements, highly important as they are for close and earnest study, contain dry details, which can only be appreciated by comparison and prolonged attention, you will agree with me, that an occasional reference to them during this series of lectures will be amply sufficient.

Aside from these tables, which are the scientific guides, some other points deserve our attention, as preliminary and inseparably connected with the entire subject of dietetics.

1. The manufacture and preparation of articles of food. Leaving out the adulteration of foods, so reprehensible and injurious, we find that in other respects a diversity of opinion exists as to the proper manipulation of wheat, oats, barley, corn, etc. Now, while in ordinary flour any deficiency can be readily made up in the case of healthy persons by the addition of other foods, this is not so readily done in the case of the sick, or where the action of the stomach is weak. The tendency of the profession, therefore, is to demand what are called "health foods." Now,

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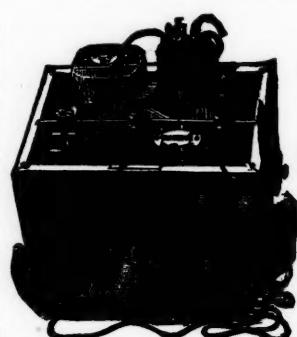
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DIETETICS.

ON THE CHEMISTRY OF FOOD.
(Delivered at City Hospital, March 29, 1889.)

BY J. T. MC LAUGHLIN, M.D.,
SPRINGFIELD, O.

LECTURE II.

IN preparing these lectures on dietetics, I am in the condition of the man with an overloaded stomach, having too much matter on hand to digest properly.

To understand dietetics intelligently, and to appreciate the value of foods, as well as to apply them in practice, it is essential to be at least somewhat familiar with the various tables, given by standard authorities.

1. The chemical analysis of starch, as found in different foods.
2. The percentage of such starch.
3. The proportion of sugar.
4. The percentage of oils or fats.
5. The chemical composition of such oils or fats.
6. The complete analysis of the composition of the various articles of food.
7. The nutritive proportion of different kinds of food.
8. Tables devoted to nitrogenous or tissue-making foods.
9. Others giving the carbonaceous or heat-producing foods.

10. Others calling attention to the foods in which the tissue and heat-making elements are largely blended.

11. Comparison of animal and vegetable foods.

12. With these we connect, of course, the various tables showing the time in which articles of food, as a rule, are digested.

Now, here, in the tables alone, is a sufficiency of matter, which, if presented in condensed form, would occupy the time of several lectures. Hence my allusion in the opening sentence. As these tabular statements, highly important as they are for close and earnest study, contain dry details, which can only be appreciated by comparison and prolonged attention, you will agree with me, that an occasional reference to them during this series of lectures will be amply sufficient.

Aside from these tables, which are the scientific guides, some other points deserve our attention, as preliminary and inseparably connected with the entire subject of dietetics.

1. The manufacture and preparation of articles of food. Leaving out the adulteration of foods, so reprehensible and injurious, we find that in other respects a diversity of opinion exists as to the proper manipulation of wheat, oats, barley, corn, etc. Now, while in ordinary flour any deficiency can be readily made up in the case of healthy persons by the addition of other foods, this is not so readily done in the case of the sick, or where the action of the stomach is weak. The tendency of the profession, therefore, is to demand what are called "health foods." Now,

while it is true that some of these productions are worthless, being thrown on the market by unscrupulous men for the sake of the money that is in them, it is also true, that scientifically and experimentally the theory and practice are correct. If we examine the tables and consider the condition of patients under treatment, the necessity and decided advantage of such prepared foods become apparent.

Now, without a desire to discriminate unfairly, or to do injustice to others who also prepare good foods, let me select two manufacturers to serve as an illustration of my meaning. Take, *e. g.*, the prepared infants' foods, and, according to the analysis of Dr. Bonn, of Germany, the American preparation of Carnrick's soluble food stands first on the list in view of its chemical composition and value, as regards both digestibility and nutrition. Its apparent superiority consists in its combining the flesh, heat, and bone-producing properties with easy digestion; for, to facilitate the latter, the milk introduced is previously treated with pancreatin, thus making the casein more suitable for feeble stomachs. The chemistry involved is happily applied.

Again, take the health foods prepared by the Sanitarium Food Co., and we have those that, in the very nature of the case, are admirably adapted for use in our practice. Thus in their "granola," prepared from wheat, oats, and corn, by long continued moderate heat and other processes, the starch and gluten are changed into already partially digested food, forming a concentrated article. In "wheatena," composed exclusively of wheat, and containing a large per cent. of gluten, we also have a partially heat-digested food, the starchy matter being converted into dextrine and dextrose, making it both agreeable to the taste and readily assimilable. And so with other preparations, among which I notice what they designate as "diabetic food," whose characteristic is, that it is chiefly formed of gluten, designed as a substitute for bran bread, lean meat, etc., in diabetics.

These references are amply sufficient to subserve my purpose. The medical journals are flooded with advertisements of such preparations, thus indicating the trend in this direction, and that the chemistry of food scientifically developed is professedly the fundamental basis of all such manufactures and preparations.

Let me say a word respecting the much abused superfine wheat flour. Now, it is true that this is largely composed of starch, and if this were the exclusive diet it would be comparatively a poor one; for we require not merely food-derived energy or heat, but also the flesh and bone forming elements. But let it be observed, to avoid extremes, 1, that bread made of such flour is not used exclusively as a diet; 2, that it contains essential ingredients; 3, that proper baking, forming a good crust, largely converts the starch into other materials; 4, and that sufficient mastication with the saliva in its marvellous quickness of action, changes the remaining starch into sugar. The baking process, thoroughly performed is the essential part; for the palatable and nourishing qualities of bread crust, and its digestibility, have been fully recognized by experienced nurses.

2. The position can be rightfully assumed that the digestibility and nutritive value of foods largely depends on the cooking. It may be somewhat humiliating to the physician, prepared with his long list and nomenclature of high sounding drugs, to confess how largely he is dependent upon the associated help of the good cook, but it is, nevertheless, the truth. A good physician with a poor cook, has a desperate case on his hands in low fevers, etc.; a poor physician with a good cook, has an invaluable ally to make up for his deficiencies; but a good physician with a good cook form a partnership that proves most highly beneficial, both in acute and in chronic cases, in the complaints of childhood and the diseases of men and women.

No matter how well selected may be the diet, if it is mistreated in the pot or oven, it loses its designed effect, and actually becomes, instead of a benefit, a positive injury. Here, in very critical cases, where life itself is with difficulty supported and sustained by careful dieting until a crisis is passed, the intelligent practitioner will exercise due caution and watchfulness.

Here, again, comes in the chemistry of food. In the baking process, already alluded to, we have by heat, not only the starch hydrated, but converted into dextrine and dextrose, and thus in part prepared for the action of the stomach, and in a state, too, that avoids the injurious fermentation. On the other hand, poorly made up and baked bread is both heavy of digestion and subject to such fermentation. One fruitful source of dyspepsia is poorly baked bread, and another combined with it is fried, instead of boiled, meats.

The intent of cooking is to prepare food for digestion, but if we are to judge from a great deal that is supposed to be cooked, the exact reverse of this seems to hold good. Even in so simple a thing as gruel for the sick we often have produced an extreme fatty "slop," weighted with spices to make it palatable, which would tax the digestive powers of a vigorous wood-chopper, and which, in the nature of the case, must prove hurtful to the patient. We may for special purposes select carbonate foods to supply needed fat and fuel, or nitrate foods for the muscles, or phosphate foods for the brain and bones, but injudicious cooking can utterly ruin the hoped for benefit to be derived from the same; and I venture the assertion, that the intelligent and discriminating physician can frequently trace his failure in successful treatment to the kitchen, where his knowledge and skill are counteracted by the ignorance of the cook. It should, therefore, not be regarded beneath the professional dignity of the physician to direct and investigate a work which is so intimately related to the health of his patients, and so fundamentally connected with success in practice.

The highest medical authorities are decided in their scientific and practical opinions on this very subject of cookery. Hence, we have establishments for the scientific training of cooks specially for the sick, and to impart this information generally, we have books devoted exclusively to "diet for the sick." These efforts are designed to reduce to prac-

tice in the kitchen the results of the laboratory in organic chemistry. The works mentioned contain many interesting facts, based on the conclusions of science, respecting concentrated foods of easy digestion, the chemical changes wrought by heat, the blending of oils with other material to avoid injurious effects, the observance of the elementary principles in the adaptation of food to various conditions and diseases, etc.

To illustrate the advance made in practical scientific cooking, we may take simply the making of beef-tea or extract. Science has shown that the old method of making beef-tea by boiling meat and water is a mistaken one. Dr. Holland, in his work, "Diet for the Sick," says: "The albuminoid or flesh-producing principle of meats is coagulated by hot water, and either remains in the meat or is skimmed off the extract as scum. The water has taken up the mineral salts and the flavoring principle, but is devoid of the nutrient commonly supposed to be dissolved in it. Soups and beef-tea are stimulating in their effect." One of the army surgeons prepared a recipe, which was issued by a circular order, for the use of the army. It is as follows: "Put a third of a pound of fresh beef, finely minced, into fourteen ounces of cold, soft water, to which four or five drops of muriatic acid and a little salt (from ten to eighteen grains) have been added. After digesting for an hour to an hour and a quarter, strain it through a sieve, and wash the residue with five ounces of cold water, pressing it to remove all soluble matter. The liquor will contain the whole of the soluble constituents of the meat (albumen, creatine, etc.), and it may be drank cold or slightly warmed. The temperature should not be raised above 100° F., as at the temperature of 113° F. a considerable portion of the albumen, a very important constituent, will be coagulated."

This is virtually the celebrated recipe of Baron Liebig. Here let me add this caution. This extract, as is readily seen, cannot be kept any length of time, but taking advantage of Baron Liebig's reputation, there is put on the market a "beef extract" called after him, which is not made after this formula, and, therefore, is condemned by eminent physicians because deficient in nutrient qualities. Dr. Dobell says of these: "It is important to bear in mind, that Liebig's extract of meat and other similar preparations contain very little, if any, nourishment properly so-called. . . . Their principal virtues belong to the class of stimulants. . . . When mixed with water they are excellent menstrua, in which to administer nutritive materials, such as eggs, oat meal, etc., but without such additions they are incapable of sustaining life for any length of time. Unless these facts are borne in mind, a patient may easily be starved unintentionally."

The chemical action and value of foods are apparent in every stage, and the more we learn of these the better we are prepared to appreciate their importance and enlist them in our practical service. How few, for example, realize the chemical action going on in the roasting of an apple. Some of the most agreeable, cooling, and delicious articles for the sick room are the different forms of vegetable jellies, or pectinaceous

foods. Now take, e. g., the apple. In its unripe condition it contains but a small portion of pectine acid, but in the process of ripening the vegetable acids by their action produce pectine; for the malic, citric, and tartaric acids are enclosed in little cells, which this ripening action bursts open, so that these acids become diffused through the body of the fruit. Now, roasting or baking an apple is virtually only a very rapid artificial process of ripening, or, in other words, bursting the cells containing these acids and commingling them to form the compound, often so grateful and refreshing to the patient. The fire of the kitchen has a wonderful influence, conducive either to the comfort or discomfort, recovery or relapses and fatal issues of the patient, the invalid, and the well.

THE INDICATIONS FOR, AND LIMITATIONS OF, THE OPERATION FOR THE REMOVAL OF THE UTERINE APPENDAGES.

BY E. E. MONTGOMERY, M.D.,

Professor of Gynecology in the Medico-Chirurgical College, and
Obstetrician to the Philadelphia Hospital.

THE enthusiasm engendered by a new remedy, or new surgical operation, is likely to lead to its applications in directions scarcely dreamed of by its originator; an application which very frequently the sober judgment of the future will not sustain.

Probably no operation has had a more widely extended application; no operation is fraught with more beneficial or injurious influences, as the indications for it may be correctly or incorrectly interpreted than that for the removal of the uterine appendages.

An operation that is capable of modifying the whole future of the individual, and her relation to those about her, should have its indications clearly set forth, and the limitations within which it should be performed distinctly outlined.

In studying the history of the procedure, we find it introduced and advocated upon three lines of indications:

1. To bring about the menopause, in what are known as the neuroses.

2. For the relief of symptoms arising from pathological conditions in the tubes and ovaries.

3. For the purpose of establishing the menopause because of grave and threatening disease in the uterus. While the general aims of the operation as here expressed are entirely legitimate, when confined to properly selected causes; it cannot be denied that the operation has been considered as indicated, and has been performed upon many women who might have recovered equally good health without mutilation.

The indications for operation may very properly be divided into physiological and pathological. The former comprises those done with a view to the establishment of the menopause without any reference to the presence of pathological conditions in the organs removed. The latter is done for the removal of diseased organs primarily, and may be partial or complete.

The pathological division may be classified as follows:

(a) The ovaries.

1. Inflammation, acute, chronic, suppurative (abscess) and perioöphoritis.
 2. Displacement (prolapse, hernia).
 3. Cirrhotic and cystic ovaries.
 - (b) The Fallopian tubes.
 1. Inflammation, salpingitis.
 2. Pyosalpinx.
 3. Hæmato-salpinx.
 4. Hydro-salpinx.
 5. Fallopian pregnancy.
- To the physiological class should be assigned :
- (a) The uterus.
 1. Uterine myomata.
 2. Errors of development, absence or mal-development of the uterus with menstrual molimen.
 3. Insuperable displacements, with severe nerve symptoms.
 4. Insuperable obstruction to menstrual flow (may reside in the vagina).
 5. Chronic metritis (areolar hyperplasia) with repeated abortions.
 - (b) The neuroses.
 1. Mania, puerperal mania, menstro-mania, nympho-mania, etc.
 2. Epilepsy, hystero-epilepsy, convulsions, cramps, dancing fits, etc.
 3. Hysteria.

It is true that it is difficult to draw the line in making the distinctions herein mentioned. Many of the cases operated upon from a physiological standpoint, will be found to present pathological changes; but, when these conditions are so insignificant as to present no physical signs, and do not ordinarily produce symptoms necessitating operation, they may justly be classed as suggested.

In the development of the operation it has frequently been done as an empirical measure, without the indications either from a physiological or pathological standpoint being unquestionably marked. The physiological division has more probably afforded opportunity for the greatest abuse of this operation. All varieties of disordered nerve manifestation are likely to be exaggerated, preceding and during the menstrual period, which has led to radical operation when little was to be gained thereby.

The removal of the appendages in mania and epilepsy should be considered, as indicated, only when we can trace either in the origin or progress of the disease a close association with the performance of their function. It will not be sufficient to show that during the menses the individual is more likely to suffer with epileptic seizures, or to have an exaggeration of the intellectual derangement, but that the trouble either originated in menstrual disturbance, or in a marked degree occurs with the menstrual periods, and infrequently or to a slight extent only in the intervals. Where the disordered nerve condition can be traced to the influence of the sexual system, the removal of the appendages with the consequent cessation of the periodical congestion, has been attended with the most delightful results. On the other hand, where the operation has been done upon mistaken premises, the benefit has been unattained.

It is not to the credit of our humanity that a poor

woman, so unfortunate as to be bereft of her intelligence, should be obliged to undergo the danger and discomfort of an operation of doubtful utility. Nympho-mania affords no hope of abatement through this operation. The ovaries and tubes, as have been well established in operations upon man and the lower animals, do not govern the sexual appetite, or the power to gratify it.

The orientalists recognized that the removal of the analogue of the ovary in the male, the testicle, did not destroy the desire or the ability for coition, and amputated the penis of the eunuch in addition to castration. Thence, the only plea for the operation in this form of disease should be to prevent conception. The writer has seen the appendages removed to arrest the practice of masturbation, but without the slightest favorable influence.

Hysteria, with the hydra-headed manifestations, has afforded the prolific field for the practice of this procedure; many cases, as experience has shown, could have been equally as effectually relieved by other plans of treatment, and have preserved their power of performing a woman's every function.

Certainly, in every such case, the operation should be held as a dernier ressort, and then performed, only after a full knowledge, on the part of the patient, of the influence it is likely to exert upon her future life.

The wisdom of establishing artificially the meno-pause should not be questioned, where the uterus is absent or faultily developed, with an effort apparent on the part of nature to establish the menstrual flow; in uterine displacements, non restorable to proper position, and producing marked nerve symptoms; in cases of obstruction to the menstrual flow, congenital or acquired, whether existing in the vagina or in the uterus, when it is evident that these conditions cannot otherwise be readily and successfully overcome.

Chronic metritis, or the condition known as areolar hyperplasia, has been given as an indication for the operation. It cannot be disputed that in some cases of this disease, where, if anything, the state of inflammation exaggerates the susceptibility to pregnancy, and at the same time renders the uterus incapable of retaining and nourishing the developing ovum, the production of the meno-pause would add greatly to the comfort and health of the individual. The difficulty, however, of determining the cases in which it is expedient, and the danger of its abuse should render its performance infrequent.

The utility of the removal of the appendages for the arrest of hemorrhage and growth, in uterine myomata, has been too frequently demonstrated to be questioned. Many authenticated cases have been recorded, in which the operation has been followed by immediate arrest of hemorrhage, and subsequent marked decrease in the size of the tumor. It should be remembered, however, that the operation is not always followed by the meno-pause. Several patients operated upon by the writer have subsequently suffered from bloody discharge; in some amounting to hemorrhage; one has menstruated regularly for two years; another for six months. In consideration of this, it has seemed preferable, when feasible, to do supra-vaginal hysterectomy.

The pathological condition affords a field in which the indications for operation are more readily and accurately determined, and yet one in which the propriety of the procedure in individual cases may be questioned.

Suppurative inflammation in the ovary or tube should be considered a positive and imperative indication for the operation; the only question should be as to how soon the procedure can be accomplished. The condition is one of danger to the patient so long as it remains, far greater, indeed, than she would experience in its removal. This condition will be found complicated with chronic peri- or para-metritis, acute attacks of which it is frequently the cause. Indeed, it may be accepted as good practice, when a patient suffers from recurring attacks of either trouble, to make an exploratory incision with a view to the removal of the offending organs.

The presence of chronic inflammation in the ovaries and tubes is not necessarily an indication for operation. Many such cases readily recover under less severe and dangerous plans of treatment. Polk and Imlach have done good work in demonstrating that the separation of adhesions and shortening the broad ligaments by suitably applied sutures will prove curative in conditions that were supposed to positively indicate the necessity for the removal of the appendages.

The aim of the gynecologist should be to restore rather than to destroy diseased organs. It is not unfrequently found that pain in the ovarian region and its attendant reflex phenomena, is due to bands of adhesions between the ovary and loops of the intestines. The peristaltic action of the latter keeps the organ in a continuous state of congestion and irritation. Separation of these bands relieves the pain and discomfort, curing the patient as effectually as would the removal of the ovaries. We have a similar train of symptoms induced when the uterus is retroverted, and with the ovaries bound down by pelvic adhesions. Many of these cases do not require laparotomy to bring about a cure. Several have come to the writer's notice, where he has been able, by passing two fingers into the rectum and pressing up the cervix with the thumb in the vagina, to tear off the rectum from the uterus and set free the appendages. It is true that this plan of procedure is only applicable where the adhesions are of limited firmness. In extensive and firm adhesions the danger of laceration of the tube or the ovarian structure would be too great.

Oöphoraphy offers the preferable method of dealing with ovarian displacement, unless caused by marked enlargement from chronic disease.

The inflammatory adhesions, the complete destruction of function, and the reflex phenomena arising from the diseased condition, make the removal of the appendages advisable in the majority of cases of hydro- and haemato-salpinx.

No one can practice abdominal surgery without appreciation of the great boon the introduction of this operation has been to suffering woman, and we cannot do better, in conclusion, than to urge:

1. That the operation for the removal of the ap-

pendages should be promptly performed in every case in which it is evident that relief cannot be otherwise secured.

2. It should be as a dernier ressort, where there is a hopeful prospect for restoration to health by less dangerous methods, or without the sacrifice of the reproductive function.

3. Its consideration should be dismissed in every case capable of restoration to health by other plans of treatment.

THE INFLUENCE OF MEDICAL JOURNALS ON THE MARCH OF SCIENCE.

(Read before the American Medical Editors' Association at Newport.)

BY T. D. CROTHERS, M.D.,
HARTFORD, CONN.

IN January, 1889, there were published in this country and Canada, one hundred and forty-two journals which claimed to represent the science and art of medicine.

The influence these journals have on the march of medical science opens up a field of unusual interest.

The profession are every year depending more and more on medical journals for contemporaneous history, criticism, and guidance, and every year these journals are giving more accurate records of the movements of science, of the rise and fall of theories, of the evolutions and revolutions that follow along the line of medical scientific discovery.

The time has come when accurate conceptions and misconceptions of truth must seek a hearing through the press. Books are too slow, pamphlets are not read, the medical journals must present and defend the facts and theories continuously and persistently. Any theory supported in books alone has little chance of attracting attention. No matter how absurd the theory may be, if it has an organ in the press, it will be heard. Hence, to-day, in this list of one hundred and forty-two journals we can trace a history of the empiric stage of science; we can see the superstition and credulity and the quackery which gathers about the birth of all truth; we can see the psychological growth and conflict of truth and error, and realize that all these journals of all degrees and kinds are unconsciously writing the history of the world's progress. We who are journalists, each hope that our work approximates to that ideal of absolute truth that we are striving after, above the levels of transient medical journalism, and along the very front lines of progress. The reality of our progress is in some degree realized by the constant appearance in the medical press of the latest discoveries and truths of medicine, and we feel that in some measure the march of science takes its shape and direction from our efforts.

We who are the actors on this stage cannot fully realize our individual influence in the play, nor can we judge from the applause of the audience. We are too near each other, and our mental vision is too limited; but we can discern the imperfections of our work, and prompt each other from the wings. When some of our enthusiastic brothers find themselves overwhelmed with confusion by the discovery of having advocated some absurd theory, or defended some new remedy which proves to be inferior to cold

water, we can cover his exit with silence and charity. But when some of our brothers are attacked with dogmatism and have delusions that they are the central orbs of all science, or that other strange fatal disease, and its opposite, icy conservatism and frothy freshness, we put on garments of mourning long before life is extinct.

Bowing on the stage, or lounging in the wings, gives us some clear views of human nature and science. The search for truth and the effort to present it, brings out all the stars, the tragedians, the comedians, the supporters, and the army of figure heads.

As evolutionary optimists, we can catch glimpses of a progressive movement ever onward, although in our work this march of science seems like a confused advance and retrograde alternately. The incessant revolutions of theories and practices casts a shadow over our dogmatism and boasted exact experience, making it clear that the great drama of which we are actors and historians is beyond our present comprehension. The influence of medical journalism on the march of science, is also beyond our present comprehension. We can only draw some outline facts and apparent conclusions of this influence from a general study of the journals which claim to represent the science of medicine to-day. Of the one hundred and forty-two journals which began the year, death has claimed a certain number, but recruits have promptly filled their places, and it is safe to say there are no vacancies. But the long felt want is still urged. Journals come, and journals go, and the procession goes on.

Among the real scientific journals three distinct classes appear : The *general*, the *special*, and the *encyclopaedic* journals.

The *general journals* aim to represent the entire field of medicine, to give papers and discussions covering every line of medical research. The claim of being practical and addressing themselves solely to the busy physician is often contradicted by the work. Such journals like the single volume text books fail, because the subject has outgrown the limits they would place upon them. A single volume text-book on practice or surgery can only be an outline view, more or less imperfect. So a general journal which attempts to spread the entire field of medicine before its readers, must do so in outline, and fail in many respects. The journals of to-day cannot do what was possible a quarter of a century ago. The heavy quarterlies are fast disappearing, and even the monthly is losing ground. Our journals must come weekly, and not far away the medical dailies will appear.

The journals that are taken by the general profession to-day must come often, and bring theory and practical experience ; they must in newspaper parlance "boil down" every thing, and disseminate between the facts and fancies of authors. The general journal of to-day fails when its pages are loaded down with minute descriptions of disease and the exact action of remedies on the organism. It fails when the editorials are acrimonious and dogmatic. It fails when it dwindle into a newspaper of personal

items and gossip, and apes the secular papers in tone and character. It fails when it assumes that medical science has advanced to the frontiers of positive truth in any direction. When the ideal general journal comes for the mass of physicians, it will be a weekly and daily.

It will be strictly impersonal and reflect the conclusions and results of scientific study up to the present.

It will avoid the ranks of dogmatism and credulity and follow a line of frank conservatism towards all science. It will aim to find not the practical alone, but the literal roads for the discovery of the probable facts and laws of science.

The ideal journal will arouse and stimulate further inquiry, and the reader will never be satisfied with the conclusions which it presents. The ideal journal will be an outline of what appear to be the best sustained facts concerning the problems of medicine. Such a journal must have concentrated power and force of editorial talent, to write the history of the medical advances truthfully and clearly to-day. Such work helps on the march of science and is growing more and more essential.

The journals devoted to special fields of medicine occupy a different position.

They give the observations of the picket-guards of science, the impressions of men who follow up a special line of research. They make the first surveys of new countries, which of course are imperfect and lacking in many details.

The probable facts and their conclusions are only tentative, and are given for the purpose of exciting inquiry and examination.

The specialists' journals are mapping out the topography of new countries, and making observations of its flora and fauna, which must be corrected by the armies of the rear, and more than all other journals do they influence the growth of science, and are in turn influenced by it. The multiplication of specialists' journals comes from the rapid widening of the fields of medical study ; it shows clearly that the day for the general journal is drawing to a close ; that like the single volume text-books, the science of medicine can no more be concentrated in one journal. In the twenty or more special journals that occupy the field in this country, this fact is more and more obvious.

From the smallest and most imperfect beginnings they are slowly and surely coming to "the front," and in the twentieth century the science of medicine will be studied in these journals. The specialist journals of to-day, with all their weakness and narrowness of work, are nearer and more influential in the real progress of science. They push on the exploration, from the mountain tops into the valleys, and along the river bottoms and plains of science. They map out the field for minute and exhaustive study, and give the results of individual work as no other journal can. Such journals cannot exist along commercial standards of value ; they come in obedience to demands of a special audience ; their readers are contemporarians, workers along the same lines of research. They can only live where science is most

aggressive, most active and most advanced. The general journal is of the past, the special journal is of the future. The one is a survival, the other is an evolution. The great text-books on the different branches of medicine are more and more the outgrowth of the work of special journals, the condensation and elaboration of views that have appeared first in such journals. On the growth and development of special journals, many of the great problems of medical science will depend.

The last class of journals that are prominent are the cyclopædial journals. They essay to give condensed summaries of the progress in all departments of medicine. Many general journals combine this feature with their work.

The ideal journal, or book, that will give a fair view of the medical progress of to-day is yet to come.

The attempts in this field are more promising than real. The readers of this class of literature and journals are filled with conflicting emotions concerning the near approach of a medical millennium, and the disappearance of the good old facts of our fathers and the humiliating thought that all truth comes from over the sea. No true science in this American *Nazareth*. The ideal journal to occupy this field will be a great power in the evolutionary march. The ideal book giving a correct view of the progress is far beyond the journal or the special department in the journals.

These three distinct classes of journals appear either single or combined in all the medical papers that claim to represent the science.

Medical journals are slowly emerging from the stage of childhood, in which the personal views of its managers are more prominent and emphatic than facts of science; a stage in which the intense personality of certain men and colleges, or teachers, are fixed points about which all other truth must revolve. Every advance is judged from this point of view. Such journals resolve the science and art of medicine into fixed laws, that never change. They stand out in the great march as obstructive, like the Bourbon family, they never learn anything and never forget anything.

The mutual admiration period is another phase of the childhood of journalism. Journals of this class are passing away, and are very interesting psychological studies. The personal news items, and comments stage is another sign of youth in journalism. Sneering doubts, and fulsome endorsement of every new view of science are equally unscientific. We might go on and tabulate a long list of signs of youth and feebleness in the medical press, but a little higher view will show us that this is part of the natural history of the sudden birth of a small army of medical journals, who are each struggling to represent the whole or some part of this great ever-widening land of science.

Medical journals, like the science which it represents, are growths or evolutions from the lower to the higher, or devolutions from the lower still farther back. Medical advance is thoroughly revolutionary, and our best facts to-day disappear to-morrow, and give place to newer, wider views. Our journals

ought to be histories of this restless change. Histories above all personal interest or motives, except to give the most probable facts and conclusions, sustained by all the evidence at our command.

As medical journalists we can never represent or influence science by allowing personal dogmatism or personal gossip criticism to appear in our work. We can never represent or influence science by endorsing an assumption that any one range of facts comprise the whole truth, or that the last and final truth is bound up in any theory. We can never represent or influence science by a partisan support or defence of any minute statement of disease or its exact laws, or the action of drugs on the system, or theories of physiology and psychology. *Medical journalism* to represent and influence science must assume the position of a judge, hear all the evidence, and then present to its readers those facts which seem best supported by research, theory and experience. Medical journalism to represent and influence science must discriminate between the probable and the improbable, between the statements and theories of men, who trust to fancy or to inductive reasoning, must discriminate between facts that are apparent or assumed, and insist that the record of sciences to-day have some support from the facts of yesterday. If this cannot be, the record must have an assemblage of probable evidence, that shall give it position and recognition.

Medical journalism to represent and influence science can never be a newspaper or a transient journal of the hour. It must rise to the level of the great laws which govern the evolution and dissolution of humanity. The individuality of the discoverer is as nothing compared with his discoveries. The truths of science require a higher standard of representation than the follies and accidents of life. While the one hundred and forty-two journals in this country that claim to represent medicine are in many instances sad reflections of so-called science, yet the American medical press as a whole is full of hopeful promise. While the quarterlies are doomed, and the monthlies are becoming more and more uncertain, the weeklies are growing in freshness and vigor. A new era is dawning for journalism. Both authors and editors must give the readers the clearest, briefest facts and evidence to sustain them. The theories and opinions of the fathers in medicine have of themselves no longer any weight, unless they have a direct bearing on the present. Papers loaded down with authorities are becoming more and more pedantic and absurd. There are no absolute facts in medicine, everything is relative, and good only for the present.

The world is full of working problems, which, like steps on a ladder, are means for higher and wider views of truth. In journalism we get the first surveys, in books, the corrected conclusions, good only for this day and generation.

Medical journalism reflects more and more positively the true spirit of the march of science in this closing century; not the march of science in Germany, France, or England, but the movement here in our own country, free from the blighting conservatism of the past, free from time-worn theories, and empiric conceptions that

are moss covered with age and respectability. Free to question every assumed fact, and demand the reasons for its existence.

Medical journalism in this country is growing stronger and more influential every year. We are gaining greater power with every advance, and realizing more clearly that medical science is an incessant search for truth, that widens with every step forward. Both as historians and explorers we are pressing on into the unknown, fully assured that greater facts and truths are yet to come from broad scientific work.

LARGE NÆVUS OF THE FOREARM—TREATMENT.

By A. C. W. BEECHER, M.D.,
Late Demonstrator of Anatomy, Jefferson Medical College.

MARGIE B., aged six months, has a large nævus upon her right forearm. In this as in all cases so young it is congenital, and has been increasing somewhat.

The tumor occupies the anterior face of the right forearm, extending from the metacarpo-phalangeal joint of the thumb upon its palmar surface across to the ulnar side of the carpus, and extending upward to within an inch of the bend of the elbow (at which point are several small vascular spots, and which probably would have eventually become merged into the general mass), laterally it extends from the outer radial edge of the posterior surface of the forearm, to the inner ulnar edge of the anterior surface, thus occupying one-half of the circumference of the forearm.

The tumor is elevated from one-half to three-quarters inch above the normal level of the contour of the forearm. There are several transverse depressions in the tumor due to the fatness of the child (which is very large and very well nourished). From pressure, the skin in one of these became excoriated, and a painful ulcer followed. The tumor is of a dark purplish color, and exhibits all the characteristics of its class. The painful condition of the ulcer, together with the deformity produced by the tumor, and the risk of an accidental laceration or incision into it producing alarming, if not fatal hemorrhage, make its eradication desirable, if not imperative.

In a consultation with the late Prof. Joseph Pan-coast, he suggested the passage of strands of silk saturated in solution of chloride of zinc through the mass to produce coagulation of the blood in the vessels passed through and by the resulting inflammation and absorption, reduce if not obliterate the tumor. This method I adopted with some modification. I procured several sailmaker's needles about four inches long, had them curved for about two inches of their length from the point, the shanks being left straight. Arming each of these with half a dozen strands of silk and saturating them with the chloride of zinc, I passed them transversely through the base of the tumor at three points, allowing the concavity of the needles to curve over and fit the convexity of the forearm, entering the needles at the junction of the healthy skin with the tumor, and making the exit in like place upon the opposite side, being careful to ascertain that both the radial and

ulnar arteries were beneath the needles, and not included in the ligature. Before the needles were drawn through, the arm was firmly grasped above and below the tumor to steady the extremity, and to check the circulation until the zinc in the saturated ligatures when drawn, had well acted upon the surrounding tissues, preventing hemorrhage and absorption of the zinc.

The ligatures once in position, their ends were brought up from the sides and tied over the mass just tight enough to depress the tissue under them, and by tightening these from time to time, I designed dividing the tumor into transverse segments; that accomplished, to sub-divide these by ligatures passed through their base parallel with the long axis of the forearm, and subsequently strangulate these with pins and ligatures. The combined action of the ligatures and chloride of zinc so thoroughly cut off the circulation, that the central portion of the tumor between the first and third ligatures sloughed out in a few days, leaving a healthy surface underneath, only the margins retaining the characteristics of the disease which were, later on, strangulated in small portions with pins and ligatures.

The surface left after the slough was removed was treated by skin grafting from the mother, and was partially successful.

The ball of the thumb was treated by taking a delicate straight needle with a single strand of silk steeped in chloride of zinc, and then passing it through the parts as in darning a delicate fabric, the silk remaining some two or three days; the vessels were occluded, and the discoloration was entirely obliterated.

There was but little constitutional disturbance, the surface cicatrized and contracted to less than half the original area with no impairment of motion, and is not observable unless attention is called to it. The dressing in this case was merely patent lint and oxide of zinc ointment. When the granulating surface appeared sluggish, it was stimulated by application of nitrate of silver.

This operation was performed when cleanliness, carbolic acid, and permanganate of potash solutions only were in vogue, and is only reported because of the method of dealing with the tumor, which was quite formidable of its kind, and the highly satisfactory result.

The darning process, I believe to be applicable to many of the red spots so frequently seen upon the face; it is safe, and not disfiguring, the cicatrices being slight. The chloride of zinc I believe to be the best of the agents which could be used as above described. A singular coincidence in connection with this case is, that when the mother was far advanced in the pregnancy of which this child was the product, the father while inspecting a new but not completed residence, fell down the stairs, severely injuring and bruising his right forearm; this accident shocked and distressed the mother very much at the time. Was the nævus the effect of maternal impressions caused by the accident to the father? It is at least a remarkable coincidence.

RECENT MEDICAL CASES.

By HENRY A. RILEY, Esq.,
NEW YORK.

AUSTEN WILCOX, Esq., of Buffalo, in an address before the Medical Department of the University of Buffalo, on the Medical Jurisprudence of Insanity, summarizes the reform in our State legislation which he deems necessary, as follows: "If we can accomplish these three radical reforms in our methods of procedure: 1. To secure a competent tribunal to pass upon the single question of insanity. 2. To secure really enlightened and impartial experts on insanity to assist this tribunal. 3. To ensure that persons found innocent of crime on the ground of insanity shall be treated as insane, and sent to an asylum. Then it is safe to say that the law of insane responsibility for crime will be reformed and adapted to suit the new scientific conceptions of the age. It would be quite safe to leave in the hands of a tribunal so constituted, and acting under such conditions, the application of the broad ethical test of insanity, proposed by Dr. Bucknill: 'No act is a crime if the person who does it at the time, is incapable of not doing it, by reason of idiocy, or of disease affecting his mind.'"

This states, no doubt, the view taken by many lawyers, and by many possibly, most doctors. It is not, however, as we think, the view taken by most lawyers. The power to distinguish between right and wrong is considered by them the wisest and safest test by which to decide whether a person should be acquitted of a crime when the defense is insanity, or defective mental power. A person may seem to have little power over his will, yet if he understands that the act is wrong it is difficult to see why he should be acquitted on the ground of insanity.

The following is the lively way in which the *Albany Law Journal* comments on the recent proceedings in the Washington Irving Bishop inquest, in New York City: "But no matter whether he was dead or not, it is probably impracticable to hold them for manslaughter, but they should be punished to the extent of the law for an unwarranted dissection or autopsy. These indecent men were eager to be the first to discover the secret of Bishop's wonderful and exceptional mental power. To gratify their morbid curiosity and get ahead of the other doctors they cut up the victim's body before he was fairly cold, and without any more authority than they had to kill him.

"The thought that perhaps the poor man was conscious of their horrid preparations is one that humanity shrinks from dwelling upon.

"If this mob-law is the law of the City of New York, we advise strangers to keep away.

"If one's wife or child goes there and dies suddenly in the street—as Col. Chatfield, of Cincinnati, well known in this city, died there a few days ago—some superserviceable doctor 'in the interest of science,' may carve the animate remains without observing the forms of decency, or waiting to see if death has really supervened. If this kind of thing goes on there will apt to be genuine *rigor mortis* among the doctors. If Bishop had a father or a

brother he would be excusable for clubbing them till they were cataleptic and hoping for another of their sort to come along and carve them up—all 'in the interests of science.' Dr. Clark Bell's coming convention would better look into this performance."

It will be remembered that the coroner's verdict at the inquest acquitted the doctors of any criminal act, but we do not know that they have been acquitted of the charge of improper haste in making the autopsy.

Christian science as practiced by most of its votaries is one of the most arrant humbugs of the day, and sooner or later some of its practitioners will find the inside of a prison their permanent home. In a recent case in Quincy, Ill., an infant was taken sick with croup, and a practitioner of Christian science, a Mrs. Hinckley, was called in and made a diagnosis to the effect that it was a mistake to call the child ill, on the contrary it was perfectly well. An hour and a half later when the mother took the child from its cradle it was dead. No regular physician was called in until it became necessary to have a burial certificate.

The mother was not a heartless woman, and is said to have been distracted with grief at the death of her babe. But the result did not seem to remove her faith in Christian science, which, in the case of an infant, makes the mother believe that by exercise of a strong will she can throw off the illusion which appears to effect the little one under the guise of croup, measles, or scarlet fever. Public sentiment in Quincy is greatly aroused, and it is not at all unlikely that a criminal charge will be brought against "Dr." Hinckley.

There have been some recent cases in the courts where the criminal charge of rape was under consideration, and the question to be decided was, whether the prosecutrix could be asked if she had voluntarily had previous sexual connection with one of the defendants. In both of these cases, one in Indiana and the other in Michigan, it was held that such a question was proper, but would not have been if it had referred to any other person than the defendant.

The general reputation of the plaintiff can be testified to, but no specific acts of unchastity with third persons can be inquired into.

THE Chautauqua College of Liberal Arts (The American Academia) begins its summer session of 1889 on July 5, continuing until August 16. Profs. J. T. Edwards and W. C. Gorman, of Chamberlain Institute, Randolph, N. Y., and A. C. Langdon, of the Military Academy, Macon, Mo., give instruction there in chemistry and physics. Mr. A. C. Boyden, of the Bridgewater Normal School, Mass., lectures on chemistry and physics to teachers in Normal Hall. Dr. W. G. Anderson, of the Adelphia Academy, Brooklyn, has teachers' classes in calisthenics, and gives normal instruction in physical development. Mr. W. W. White gives lessons in "memory training," which he announces as without "obsurd claims," and adds "no secrecy." Dr. Eliza M. Masher lectures on the physical development of women.

The Polyclinic.

PENNSYLVANIA HOSPITAL.

RHEUMATIC FEVER.

LONGSTRETH presented a young man, aged twenty-three, salesman by occupation, suffering from rheumatic fever. There was a history of rheumatism in his family, his father being a sufferer from it, and his mother having heart disease. Five years ago he had a slight attack, and a year later a much severer one. The present attack had been induced by exposure. When admitted to hospital his joints were all swollen, and a high fever prevailed. Auscultation disclosed a double cardiac murmur, aortic and mitral. Lungs were negative, bowels constipated. He was given ten-grain doses of salicylic acid every hour, but without effect—neither the temperature nor the swelling in the joints being reduced. He was then placed on acetate of potassa, ten grains, and bicarbonate of soda, twenty grains, every two hours, which also proved to be of no avail. Finally, the iodide and bromide of potassa were given, ten grains of each for a dose every four hours, from which very satisfactory results were obtained. The joints were smeared with blue ointment.

This patient, a woman, who works out when she is able, presented upon admission some evidences of typhoid fever. The wedge-shaped area of redness at the apex of her tongue was distinctly marked. Her temperature was 104.8° . The abdomen was resonant and irritable, and patient complained of having much diarrhoea. The evacuations were chunky, with hard, fecal masses, but were not of the characteristic yellow color. Patient also vomited, which ceased upon giving bismuth. Micturition was difficult. I ordered her bismuth in ten-grain doses every two hours, also quinine to reduce temperature, and a milk diet. A cold flaxseed poultice was applied to abdomen. Hot poultices increase the temperature 1° to 2° , which was to be avoided in this patient. I continued the quinine, in three-grain doses, night and morning, and gave enough bismuth to keep the stool black, so as to allay the irritation of the mucous membrane of the intestinal tract.—*Longstreth.*

In a case of miscarriage Longstreth took occasion to make some pertinent remarks relative to the after-treatment in such cases. The patient before the class was a Polish woman, who had ten days before given birth to a stillborn child, which had died two days before delivery. The after-discharge was very offensive. Regarding the disposition to investigate the cause of it the doctor said: "Do not enter the womb in this condition with fingers or instruments, unless it be positively known that there is something there which must be removed by mechanical force, in the exercise of which there is always more or less harm committed. The organ should be disinfected with a solution of permanganate of potassa, the injection of which should be continued until the solution returns clear and pink in color, which indicates that the part has been cleansed. The peroxide of hydrogen is

also a good injection, being an active agent in the destruction of pus. Like the other, its injection should be continued until it returns clear and without foaming." The patient had a prolific crop of head lice, for which the doctor ordered the application of a soda solution in the form of a poultice.

Hunt recommends in the administration of ether a previous examination of the throat. He cited a case in which death almost occurred from hypertrophied tonsils, which fact had not been observed previous to placing the patient under ether. He was nonplussed as to the cause of the strangulation until an examination of the throat was made.

MEDICO-CHIRURGICAL HOSPITAL.

NON-BACILLAR PHTHISIS.

A RECENT case has well exemplified the apposite remark that what is called consumption is sometimes simply molecular death. The subject was a man well up in his fifties, whose constitution had been enervated by many years residence in India, and further broken by a succeeding season of privation and chronic malarial toxæmia. In this condition he attempted to earn his living at an occupation which kept him upon the street constantly during business hours, especially upon days when the weather was such as to confine business men to their offices. One memorable day he spent upon the street during a heavy cold rain. This was the finishing touch. He contracted a bronchitis, which persisted through his life, and ended it in fourteen months. There was a gradual destruction of his lung tissue by cirrhosis, with the formation of bronchiectases; constant cough, rarely haemoptysis; never hemorrhages, night sweats, intestinal flux, or bronchorrhœa. His temperature was taken many times, though not regularly, and never exhibited a rise above the normal, but was often somewhat subnormal. Oedema of the ankles existed for six months previous to his death. Feebleness of the heart and dyspnoea were prominent characteristics of the case; the former being manifested for several years previous to this final illness. No bacilli were ever found in the sputa, which, moreover, always dried when exposed. Always a delicate eater, he showed little more than his usual fastidiousness when ill. Death took place finally from oedema of the lungs—itself a consequence of heart failure and anæmia.

Now, this was evidently a non-bacillary consumption of the lungs. The causes of his malady and the reasons for his death are evident. The man's stock of vitality was exhausted; the springs of life had been licked up by the pitiless sun of India; the little remaining strength pilfered by the malarial intruders. He stood with the outward seeming of a man, but with his vitality exhausted. The symbol ordinarily used to represent this condition is that of the oak, fair without but rotten at the heart, which waits but the first rude blast to fall in ruin. But if the shock of a tempest does not come to overthrow the oak, its destruction is no less certain, though the end comes later. Man is not often, if ever, constructed with the

nice balancing manifested by the deacon in building his famous "One Hoss Shay." Some part is pretty sure to be weaker than the others, and here is where death begins. The lungs are frequently the most vulnerable part, whether from their exposed situation, their proneness to disease, or other cause, and the beginnings of molecular death are oftenest here. An exposure to cold and wet occurs, a catarrh ensues, the vital forces are insufficient to carry the disease process through its phases to a restoration of the normal state; the lymph spaces become blocked by detritus, the connective tissue congests, thickens, contracts, the air-cells disappear; and as sacciform, the secretions lie in them until they decompose and still further injure the weakened tissues. Molecular death is here progressing, without any need of the tubercle bacillus or any of its congeners to explain the phenomena.

Men seem to think it necessary to give an excuse when death occurs. While each is ready to acknowledge that to all death comes, soon or late, yet in the plans for life the end is but rarely taken into account. We are perpetually tearing down our barns to build bigger; and death rarely fails to surprise us when he comes. The truth of this is shown in the extent to which the bacillary theory of consumption has been carried. Not content with showing the causative relation between this microorganism and one form of phthisis, we must needs go so far as to claim that all forms are due to it; losing sight of the fact that man will die and the mourning cortège will go along the sad path to the cemetery, even if every disease-producing germ, every toxic agent should be blotted out of existence.—*Waugh.*

JEFFERSON HOSPITAL.

REMOVAL OF THE ASTRAGALUS.

A BOY was brought into the clinic for trouble with his right ankle. The tissues of this part were enlarged, spongy, and perforated by sinuses from which a large amount of offensive pus escaped. After an Esomarck bandage had been applied to the leg, the sinuses were laid open at several points down to the bone so that thorough examination could be made. Barton intended, in case evidences of extensive and dangerous destruction from sarcomatous or tubercular infiltration presented themselves, to amputate above the ankle. The amount of damage however did not warrant this procedure, but he entirely removed the astragalus, which was hollowed out to a mere shell, curetted thoroughly all the diseased tissues, cleansed the parts with an antiseptic solution, inserted a drainage tube and put the leg to rest with a tin splint. A plaster bandage will shortly be applied.

ABSCESS FROM LIGATURE.

Barton, in cutting down on a small abscess of the scrotum, found a silk ligature which had been applied some time previously, and which instead of becoming encysted had set up irritation.

EXTRA-GENITAL SYPHILIS.—Dr. Ernst Feibes, of Aix la Chapelle, reports an unusual case of extra genital syphilitic infection. The patient presented the

characteristic eruption in the left popliteal space as well as on the palmar and plantar surfaces. There were no phenomena of disease in the mouth and throat nor upon the hairy scalp, nor was there any enlargement of the inguinal glands. Judging by the kind and appearance of the eruption, the infection must have occurred four or five months previously. Syphilitic infection was most strenuously denied, both by the patient and his brother, the latter being also a physician.

A critical examination revealed no evidence of chancre of the penis, nor, as stated, was there any swelling of the inguinal glands. But in the right axilla there was discovered a gland the size of a fibert. The cervical glands on the left side were scarcely perceptible, but on the right they presented themselves in the shape of a hard knotted cord. The maxillary glands on the right side were also considerably enlarged, while on the left they were simply infiltrated. This condition of things led to the opinion that the initial lesion must be sought for on the right side of the oral cavity, or somewhere about the right side of the head. Still, in and about the mouth there were no scars, the tonsils were of equal size, and nowhere could there be found any defect.

But upon the skin of the right cheek there was found an indurated pimple about the size of a split pea, which under ordinary circumstances would be considered a simple efflorescence of acne. And now, under close questioning the patient remembers that usually he shaves himself; that whenever he goes to the barber's shop he invariably carries his own razor, but never his shaving brush; that, according to his distinct recollection, several months ago he was accidentally cut at the designated spot, but of course paid no further attention to it; that the wound had festered for some time and finally left the pimple, still visible; that previous to that accident there had been no glandular swelling such as is now apparent; that his brother, the doctor, had regarded it as simply acne, and had even touched it with nitrate of silver.

The diagnosis was now made; the pimple is the remains of the primary chancre, and the shaving brush unquestionably was the carrier of the infection, the same as it is in cases of barber's itch.

The symptoms in this case disappeared promptly by the internal use of one grain of protiodide of mercury daily, and by covering the affected skin with *emplâtre de vigo*. The patient is now undergoing *Fournier's traitement successif*, and has since remained free from any untoward symptoms whatever.

R.—	Olei lavandulae	ää	10.00
	Resinae purefactæ	ää	10.00
	Pulveris myrræ,		
	Croci pulverati	ää	20.00
	Gummi-resinæ ammoniaci,		
	Bdellii,		
	Olibani	ää	30.00
	Ceræ flavæ,		
	Terebinthinæ	ää	100.00
	Styracis liquidae		300.00
	Hydrargyri		600.00
	Emplastri simplicis		2000.00

Misce secundum artem et fiat emplastrum.

Sig.—Spread upon a convenient carrier (chamois or sheep-skin, twill or drilling) and cover the affected surface.

—*Berl. Klin. Wochenschrift*, No. 23, June 10, 1889.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, August 3, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
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IN developing our plan for a journal which shall be truly cosmopolitan, we have found it advisable to seek the assistance and collaboration of prominent physicians in each of the great cities of the United States. In pursuance of this object we are happy to announce that Dr. Simon Baruch has assumed charge of the New York Department. Dr. Baruch practised for fifteen years in a country district in South Carolina, and for the past ten years has resided in New York; where he has become well known as an active worker in the societies, and holds several hospital appointments. Dr. Baruch has thus rendered himself familiar with the practical work of both the country and the city physician. He has given special attention to the subject of hydrotherapy, and especially has endeavored to extend the use of this method among practising physicians; thus disassociating it from the old-fashioned "water-cure" and the modern special hospital. In this good work he has the hearty coöperation of his colleagues in THE TIMES AND REGISTER.

As a further step in the same direction, Dr. I. N. Love has assumed the editorial charge of all matters emanating from the State of Missouri. Dr. Love needs no introduction. His contributions will need no signature for any of those who are familiar with his work in the *Weekly Medical Review* and elsewhere.

We have delayed the consummation of this part of our scheme until the meeting at Newport was held and the July number of THE DIETETIC GAZETTE was through the press. We will soon be prepared to give a full list of the gentlemen who have honored us by associating themselves with our work.

With the next issue we add to our combination the *American Medical Digest*, of New York; a journal now in its eighth volume, and which has been most ably edited by Dr. Lester and his collaborators. The name of *The Digest* will be continued as the head of a department in THE TIMES AND REGISTER, and

we trust that we may retain the active coöperation and good-will of its editorial staff.

Annotations.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

THIS Society is second only in importance and numbers to the American Medical Association, to which it is auxiliary and subordinate. It is essentially a working society, the sessions for scientific discussion lasting during each of the three days from 10 A.M. to 5 P.M. The days are given to scientific work and the evenings to social pleasure. No ethical or other extraordinary business ever enters into the discussions, such matters being entirely in the hands of committees, whose decisions are final and not debatable. The annual meeting this year is to be held at Evansville, Indiana, September 10, 11, and 12. The President, Dr. Geo. J. Cook, of Indianapolis, and Dr. A. M. Owen, of Evansville, the Chairman of the Committee of Arrangements are hard at work in behalf of the meeting.

A cordial invitation is extended to the medical brethren east of the Alleghanies to come out to the meeting. We have assurances from Drs. Dudley S. Reynolds, Arch. Dixon, Wm. Porter and I. N. Love, all of them ex-Presidents of the association, that this will probably be the banner meeting.

INEBRIETY AS A DISEASE.

THE subject of inebriety is attracting much attention at the present day from members of both the bar and of medicine, on account of the many important medico-legal aspects of the question.

As might be expected, the members of these two professions are inclined to view the subject from different points of view, owing to their different studies, and, therefore, reach diverse conclusions.

We believe that inebriety is a disease, but it is a disease which in most cases can either be avoided or acquired. In this respect it differs from the great majority of other ills which afflict mankind, and which are acquired ignorantly. Again it differs from others in the fact that its accompaniments and consequences are so baneful to the patient's fellow beings. It is in fact a disease *sui generis*.

Dr. Parrish, of Burlington, N. J., in an article on the Medical Jurisprudence of Inebriety, cites several cases in which there was an absolute inability to avoid drink, and as soon as the patient began to indulge he lost all knowledge of right and wrong and committed acts for which a sane person would do penance behind the bars. Similar instances have been recorded by others, and there is no doubt that many an inebriate, innocent of wrong, has been condemned to imprisonment or death for crimes committed whilst under the influence of alcohol. This class of drunkards, however, is very small, and the peculiar condition is receiving so much attention that similar legal mistakes must grow less and less common.

But we think that such a conclusion as Dr. Parrish reaches, cannot be sustained. "Inebriates should not be punished for acts committed while in a state of involuntary unconsciousness any more than are somnambulists or epileptics." This conclusion ought to be admitted in those exceptional cases in which the patient, or criminal, is from the first destitute of will power to abstain from the act, but in those cases in which the man knows that if he begins drinking he is likely to lose control of his actions, or in those cases in which men drink for the express purpose either of committing some criminal act or of so obtunding their reason that they may be ready for any lawlessness, we think the violators ought to be held responsible. The line ought to be drawn at the start, between ability or non-ability to resist the taking of alcohol.

Of course this is difficult, but everything connected with the subject is difficult, and probably always will be; and to make no distinction whatever in cases of inebriety would be to offer a premium on drunkenness and crime.

ANTI-PASTEURISTS.

IN speaking of an anti-Pasteur meeting in London, the *Medical Press* notes that while all agreed in their opposition, the objectors based their action upon distinct and antagonistic grounds. One considered muzzles the true cause of hydrophobia, although the enforcement of a muzzling order is invariably followed by a decrease in the number of recorded cases. A reverend Bishop contended that muzzles were useless, as they did not prevent dribbling of saliva. An alleged physician aired his belief that no such disease existed in man; the symptoms being due to nervous prostration. The *Press* goes on to speak of the "striking ignorance of the subject and no less striking indifference to accuracy" shown by many of the speakers. Thus far, the course of the anti-rabists has been upon lines strictly parallel to that of the anti-vaccinationists; and while there are undoubtedly some intelligent persons who do not accept Pasteur's deductions, the probability is that the opposition will finally be confined to a similar collection of unreasonable cranks.

Letters to the Editor.

MEDICATING AIR.

INOTE your query as to the desirability of medicating air—"if the air is already pure, why medicate it?"—and think you may not have fully understood the object of my invention. This will be more fully explained in the extract which I enclose from *Cassell's Magazine*.

The idea of charging air supplied to buildings with antiseptic vapor is due to Mr. Burroughs, who has recently applied it to the ventilation of the premises, Snow Hill Buildings, Holborn Viaduct, where it can now be seen at work. The method of ventilation adopted is that of Mr. B. F. Sturtevant, introduced into England from America, where it is already largely employed. It consists in forcing fresh air from the purest available source outside, into the building by means of

a rotary fan or air-blower. This fan can be driven by the waste steam from an engine on the premises, and at the same time heated by the steam. The temperature thereby given to the air is regulated by the simple device of mixing cold air with it in the proportions required. Flues or pipes convey the warmed air to the various pipes of the building where it is required; and the outflow from the pipes is controlled by simple regulators. Thus both the temperature and supply are under the complete control of the persons in the building. The advantages of forcing fresh air into the building under a slight pressure are that cold draughts from without are excluded, and the vitiated air is forced outwards by every available opening. In a building supplied with electric lighting apparatus, the waste steam of the dynamo engine is utilized to warm and ventilate it at the same time. By inserting in the flue trays porous material such as cotton waste, soaked in the eucalyptia (the essence of eucalyptus globulus), pinol or any other antiseptic and aromatic extract of a volatile nature, the air in its passage to the various rooms of the building, or it may be to any one particular room, is impregnated with antiseptic vapor. For hospitals the system is evidently well adapted, and very complete, since it may include the electric light, warming and antiseptic ventilation in one process. For private individuals suffering from diseases of the breathing organs, it is also equally applicable, whether in the office or the home.

What I wished to do was to devise an apparatus for supplying filtered medicated air to hospitals, and thus to do away to some degree, with the necessity of using inhalers. The volatile antiseptic is to be charged into a glass dropper, which at the same time regulates the drops which fall upon the sponge or gauze in the main air pipe. The air is thus charged with the antiseptic, say pinol (the volatile essential principle of the pinus pumilionis) or eucalyptia (the volatile essence of the eucalyptus globulus) or any other volatile medicament can be employed. The advantages of this method over those commonly in use, are:

1. The air is filtered, a matter of much importance in such a smoky atmosphere as that of London.
2. It can be warmed to an exact temperature, or a uniform temperature can be maintained without difficulty by regulating either the supply of steam or by causing part of the air only to flow through the box of steam pipes.
3. The air can be medicated to any degree desired by means of the dropper referred to.

S. M. BURROUGHS.

LONDON, ENG.

PHLEGMASIA DOLENS.

IHAVE not chosen this subject because I expect to evolve any new theory or propagate any new doctrine as to the source of its first nucleus in the human economy. While it comes with the inflammation and the pain, and usually presents certain characteristics at certain stages, yet there are also certain differences that might lead us to believe that there might be different origins in different cases. For instance, some cases appear to harden and enlarge, as circumscribed as if from some initial point, while others appear to be mostly in and about the glands, while, again, a whole limb is so involved that we must conclude it is a constitutional disease. I have had some experience with this disease, and I will set forth in part or wholly the origin and course of three cases that impressed me differently.

The first was Mrs. C., at Maineville, O. Since her last parturition, nine years previously to my seeing her, one of her legs (I think the left) had been swollen and painful. I gave her some liniment, the principal of which was solution iodo-brom. calc. comp. and oil of sassafras in alcohol equal to both, and to use it freely, from which she experienced much relief. But she soon after moved down on the river, where she remained two years. During this time she had ague and large hemorrhages, it being her climacteric period. When she returned she soon came under my cognizance. Her malaria returned several times while she was gone, but did not after her return. When I saw her again she was very hydramic, and after each hemorrhage became worse, until she could hardly see on account of the swollen face, and the dropsy became general, and it looked as if she had only returned to die among her friends. She told me that she had taken iron in every form, and it always disagreed with her stomach, and it was impossible to take it. But by insisting, I had her take mur. ammonia in mur. tinct. ferri to saturation, twenty drops, three times a day, in simple syrup for a couple of months, by which she was greatly benefited, as her hemorrhages became ordinary, and her size reduced and strength materially increased. But the rebellious stomach assisted her repugnance to iron, and I had to drop it. I then resorted to malt, which, at least, held her up until waning nature had time to reinvigorate and assert her predominance. Mrs. C. has again become a busy housekeeper, with a reasonable degree of health.

On the 6th day of July, 1885, I was called to Mrs. P. in her third parturition, and though not through the first stage she was full of dread that in some way this would be a finality for her. The last months had been rather miserable, and she being weak it had worn much on her mind, but with usual severe pains she passed a natural labor; so we congratulated ourselves that her fears were unnecessary, though other fears combined with these, as a near relative died the day before with sequelæ of confinement. About the fifth day, she said she had rheumatism in the left leg and arm, particularly the lower limbs. I suspected the nature of the case, although the hardness did not come for two days, and then only in the legs. I therefore gave full opiates and used embrocations of liniment, and a little later hot fomentations of flannels, hops, etc. In the course of ten days the pain had largely subsided, but left the swollen and tense hardness that is so characteristic of phlegmasia.

Remembering that when a boy on the farm the older brothers used mullein (*verbascum thapsus*), boiled in cider vinegar, on the horses to reduce swollen parts, that I conceived must be in some degree similar to this (and my prejudice being somewhat disarmed since it was recommended for consumption), I ordered a trial of it on this patient, and the result was most gratifying, as in a few days' use by fomentations she was comparatively comfortable, and the limb reduced nearly to the size of the other, and the tissues nearly as soft. She made a good recovery.

February 1, 1889, I arrived at the bedside of Mrs. W. in her fourth confinement. I found no unusual case, but she was unaccountably depressed. When all was over her mother-in-law told she had had a great foreboding that she would not get well.

I assured them her condition was very good, and I could not see any reason why she should not get along all right, only as the left nipple was gone, the probability was she would have some trouble with her breast. I took the precaution to try to abort the secretion of milk, but did not succeed well, perhaps because the nurse was careless and the patient was impatient, and exposed herself by getting out of bed the third day and walking across the floor, as I learned afterwards. The 13th, I was called back to find her with pain in the superior portion of the left lung and pleura. Auscultation developed crepitus; cough and expectoration were present, the pulse 108, and temperature $101\frac{1}{2}$.

She had been chilly, as she said, for several days. I also found the left breast swollen and tender. I proceeded to give Dover powder and antifebrin alternated.

In two days I dropped the antifebrin and gave her ammonia instead, with quinine. On this mode of treatment she improved for a week, when she informed me she would not take any more medicine, contrary to my opinion and advice.

But after she had passed two nights she recalled me. I again gave the Dover powder and quinine and poulticed the breast with flaxseed, and used liniment on her side below the breast, as she complained of external pain. Three days later I lanced the breast, which gave her some relief, but the very next day the thyroid and parotid glands were also swollen.

The swelling was so sudden and so severe that she appeared about to suffocate from the tenseness of the swelling and complications; pulse was 130, temperature 104. Believing now there must be some blood poison from this phase of things, I had counsel, which confirmed this opinion, and also thought I could do no better than push the Dover with tonic and stimulant treatment. But even then she began to complain of her left leg, but there was no hardness or swelling in the tissues at any point, and but little tenderness, neither did it show any other symptom of inflammation. About two days after consultation there was considerable amelioration in all symptoms except the size and hardness of the parts, with the sense of suffocation, pulse 110, temperature 102. I cast about for something else to reduce this, besides liniments, embrocations, and hop fomentations, etc., and thinking I had a case of phlegmasia out of the common order I ordered mullein and vinegar fomentations, which produced the most happy result whenever applied to any hard and tense tissues, subduing the swelling and hardness in from twenty-four to forty-eight hours on the throat and afterwards on the arm and axilla, and the case progressed to a speedy recovery. I believe we have not arrived in our pathology, at a definite conclusion, as to the source of this disease, but it looks a little humoral in part at least.

The points in the first case are its hydramic character and tractableness to the blood builders (so called). In the second and third cases the forebodings before confinement, also the quick reduction of the hardness and swelling of the tissues incident to this disease by the fomentations of the mullein and vinegar, when liniments, hop poultices, etc., were of so little value in these cases, and then the third case had its own peculiar different course. The attack of the left lung and pleura and the tendency of the inflammation to glands and surrounding tissues in the superior part of the body on left side, and the internal inflammation with the external, and the cough and expectoration, continued to the last.

I base these conclusions on the treatment for No. 2 and 3, when the pain was controlled by the opiate, the inflammation was held in check and the fomentations of mullein and vinegar succeeded best in bringing natural size and softness of the parts involved.

B. F. LUDLUM, M.D.

The Inquirer.

IN answer to an inquiry, we would state that the *Journal of Homeopathics*, devoted to the philosophy of homeopathy, is published at No. 19 Broadway, New York.

DR. CARHARTT'S prescription for summer diarrhoea, upon page 282 of THE TIMES AND REGISTER, should probably read as follows:

R.—Acidi salicylici gr. xxx.
Crete preparat gr. x.
Glycerin 3 ij.
Aquae rosae 3 xiv.—M.
Sig.—Fluidrachm every hour for a child one year old.

I SEND you per mail to-day a plant known to the country people by the name of the "water weed," I would like to know through THE TIMES AND REGISTER its true name. The common people use it as a specific in poisoning by rhus toxicodendron. They bruise and apply the stem and claim it to be indeed, and in truth, a positive specific.

R. H. C. RHEA, JR.

WAVERLY, KY.

[The plant sent for analysis came to hand. Water weed belongs to hydrocharidaceæ (frog's bit family); species, anacharsis canadensis. But the plant I received is not water weed, it is probably sagittaria variabilis, belonging to the water-plantain family. The absence of flower and fruit renders it difficult to classify.—J. M. A.]

WILL you publish an article in THE TIMES AND REGISTER on the mode of extracting the liquid recommended by Brown-Séquard, for the renewal of life, and oblige,

A SUBSCRIBER.
[See page 275 of this journal for July 20.]

"WHAT are your charges, Doctor?"

"Three dollars a visit."

"Well, we don't want you to come on a visit, but just to stay ten or fifteen minutes."—*Puck*.

Leading Articles.

THE TECHNIQUE OF HYDRO-THERAPEUTICS.

BY SIMON BARUCH, M.D.,
NEW YORK CITY.

THE absolute necessity of an exact technique in the application of water as a remedial measure is unfortunately not appreciated by the profession, and its neglect is undoubtedly a cause of the failures which have operated in preventing the more general adoption of hydro-therapeutics by the practitioner.

Water is so simple, so readily obtainable, and so easily applied that it would seem an unnecessary refinement of therapeutics to enlarge upon the methods of its application. On the other hand, too, the empirical hydropaths and water-cure doctors have divided and subdivided their procedures into numerous baths and douches, etc., each one infallibly adapted to certain conditions.

It shall be our aim to steer between the Scylla of indifference and the Charybdis of overaction; to simplify these methods and instruct the general practitioner in such hydropathic procedures as his common sense will enable him to apply under the guidance of physiological and pathological principles.

The first step in this direction is the appreciation of the fact, that while there is no slight-of-hand or mystery in the hydropathic method, there does exist an absolute need for precision in the application of water, simple and universally applicable though it be.

A few illustrations from our clinical experience will impress this lesson more forcibly than the simple statement.

Some weeks ago one of the house physicians of one of our metropolitan hospitals informed the writer that the cold-bath treatment of typhoid fever had been inaugurated in his institution. Inquiry regarding the method adopted, elicited the fact that the patient was wrapped in a wet sheet, and ice water was poured from a sponge over the entire surface of the sheet, until the temperature was decidedly reduced; a reduction of five degrees had been noted. The prognosis made by the writer, that the woman would die under this unphysiological management, was verified in two days. Failure in the case is attributable to the fact that refrigeration was the chief aim of the treatment, whereas the success of the hydriatic management of typhoid fever rests upon the principle that the refreshing influence of cold water upon the innervation is the true indication. The latter is fulfilled by promoting reaction during the bath by friction of the entire body.

As this subject will be enlarged upon in future articles, this brief reference must suffice.

That the necessity for precision is well understood, however, by some of our metropolitan hospital physicians, was made evident to the writer by the receipt of a request from one of the attendants at Bellevue Hospital to aid him in instructing his house staff. A series of rules was formulated and written down by the house staff of two divisions, which will doubtless ere long bear rich fruit in the saving of life and comfort.

Within the past two weeks the writer has had occasion to suggest intestinal irrigation in two cases of summer diarrhoea of infants. Finding the treatment painful and inefficient in these cases, inquiry elicited the fact that in one case the attendant (who is an accomplished physician) had cut off the lower third of a Nélaton catheter and converted the upper into a drainage tube by cutting three eyeholes into it. Is it surprising that the introduction of such a tube was painful, and irrigation through it was ineffective? One thorough irrigation, in accordance with the technique laid down on page 32 of the *DIETETIC GAZETTE* (April 1, 1889, number), changed the entire aspect of the case. In the other case referred to the attendant had used a No. 8 French rubber catheter, had placed the child in the dorsal position and attempted to irrigate with a Davidson syringe.

The tube doubled up in the rectum, its upper end was too small to connect with the syringe point and failure was the inevitable result of this neglect of proper technique. The reverse of this picture is contained in the following extract from a letter read by the writer Dr. Chas. Schaim, New York City. "I have successfully managed a desperate case of summer diarrhoea in a child 18 months old by following out implicitly the principles of treatment laid down by you in your monograph on the subject, published a year ago" (*Medical News* July 7, 1888). "The case was one of a severe type with high fever, muco-purulent and bloody dejections and vomiting. I feel that I owe you a debt of gratitude for the assistance derived from studying and following the principles laid down in your paper etc. A few days ago a masseur applied to the writer for work, stating that he was quite familiar with hydriatic procedures. Being asked to describe the dripping sheet process, he said that a sheet should be dipped into cold water, and thrown over the patient who should rub himself with it as well as he can with the aid of the attendant. This specialist had entirely lost sight of the important elements of the technique, which are the use of a linen sheet, a thermometer for exactly estimating the temperature and the necessity for the patient remaining entirely passive, while the attendant applies active friction outside of the sheet.

In future articles the technique of hydro-therapeutic processes, their effects and indications will be fully discussed, in fulfilment of the pledge made in our last issue.

HYDRO-THERAPEUTIC ANTISEPSIS.

Laparotomy in the newborn was done by Dr. Stolpinsky in Kasan, Russia. The child, normally developed and strong, suffered from irreducible umbilical congenital hernia. Sixty minutes after birth, under chloroform, an incision three centimetres long was made on the left of the linea alba, one coil of intestine being adherent to the back, a portion of the latter was resected and dropped with the coil, the remainder was dissected away, the peritoneum stitched by catgut, etc. No antiseptics were used, instruments, etc., being boiled and retained in distilled water, the field of operation cleansed with water and soap.—*Int. klin. Rundschau.*

HYDRO-THERAPEUTIC MANAGEMENT OF TYPHOID FEVER.

The non-medicinal hydriatic treatment of typhoid fever is warmly commended in a recent paper read by Prof. Fuerbringer before the Berlin Medical Society. The mortality in 155 cases was 16, viz., 10 per cent. We agree with Prof. Fuerbringer in regarding this a very low mortality, considering the type of cases received in the Friedrichshain Hospital. Whosoever casts a glance, says Prof. Fuerbringer, upon the most unfavorable imaginable quality of our typhoid cases in general, whoever has seen how many patients are really brought into the institution to die, will be able to understand why I regard a mortality of 10 per cent. a favorable one, indeed, one that approaches the most attainable minimum. The principal point to which we desire to direct the attention of our readers is the treatment. No abortive remedy was used, neither calomel nor naphthalin, which he regards as useless, medicinal antipyretics only in very limited and selected cases; good nourishment with sherry, opium and camphor in threatening asthenia. "The majority of the patients received a methodical, mostly mild, and individualizing bath treatment, less as an antipyretic than as an excitant and dietetic (for refreshment of the nervous system, cleanliness, stimulation of the appetite, combating of hypostases, etc.) To report to you the result of these therapeutic measures, I regard as the chief duty of my life. I may to-day point out to you that there is scarcely another medical director of a large division who is as favorably situated regarding the exclusion of all statistical fallacies, etc."

We desire to emphasize the estimate placed by this renowned clinician upon hydriatic measures, and, especially, the purposes for which he applies them, because we have again and again dwelt upon the importance of recognizing in the bath treatment a farther reaching influence than a mere antipyretic would exercise. So long as this bugbear of pyrexia, and its inevitable therapeutic sequence antipyresis, continue to dominate the minds of the profession, the revolution in fever treatment, which has already brought comfort and life saving to thousands, will be retarded.

It shall be our aim to further this beneficent cause by truthful portrayal of clinical results from all available sources.

SUSPENSION TREATMENT OF TABES CASES.

The popularity of this measure appears to be seriously threatened by reports of various misadventures, some of which have resulted fatally, and others afford us a warning which should be heeded. Self-suspension, especially, cannot be too severely condemned. The *Berl. Klin. Wochenscr.*, of July 8, contains a report of a case confirming Bernhard's experience in two cases. Bernhard's cases presented loss of consciousness, dilated pupils, convulsive movements, and complete amnesia of all that had happened. Dr. Bruns reports a patient, who after being suspended not quite five seconds, ceased to speak, turned pale, his pupils dilated and he became unconscious. He was at once let down, consciousness returned, with-

out realizing his surroundings. This being his first suspension, Bruns thought that the carotids had been compressed. The head gear was removed, patient again suspended with the same result. In one hundred and fifty other suspensions no similar results were observed.

We may observe that in a very large number of suspensions at the Montefiore Home we have experienced no unpleasant result. Our rule, however, is, that suspension must not be done by the nurse without supervision of one of the house staff.

BATHS IN VARIOLA.

During the epidemic of variola in Dorpat, 1887-88, Dr. Alex. Hartge (*Wiener Med. Presse*, No. 25) resorted to one or two daily baths, of 88°-92° F., after giving a laxative in the prodromal stage.

In confluent cases the baths were especially useful, until the temperature begins to subside spontaneously. When administered early, they influenced the course of the disease in a most remarkable manner. The papules and little knots shriveled and atrophied; the vesicles dried quickly and the stage of pustulation and suppuration was prevented together with the fever accompanying it. There being no pustules, no scars remained. If the pustules were developed before baths were resorted to, the latter helped very little.

The patients felt subjectively quite well; the tension, pain and itching in *ano* ceased after the bath, they slept more quietly and appetite was improved. Even children and nurslings bore the baths well.

Book Reviews.

THE PHYSIOLOGY OF THE DOMESTIC ANIMALS. A Text-book for Veterinary and Medical Students and Practitioners. By ROBERT MEADE SMITH, A.M., M.D., Professor of Comparative Physiology in the University of Pennsylvania. Four hundred illustrations; pp. 675. Price, cloth, \$6; sheep, \$6.75. Philadelphia: F. A. Davis, Publisher, 1889.

In spite of the almost innumerable books on medicine and allied subjects, it is singular that up to this time there should not have been a work in English treating of this subject. We welcome Prof. Smith's volume the more warmly, therefore, because it is a sort of pioneer.

The subject of the physiology of the domestic animals is of interest and value, not to the physiologist alone, or to the veterinarian, but also to the general practitioner, for these studies and experiments are the best means we have at present of reaching accurate conclusions with regard to similar processes in the human being.

The author first treats at some length of General Physiology, beginning with the properties of cells, their origin, modifications, and the development of tissues and organs. Cellular physics is next considered, the physical processes, properties in cells and their mechanical movements.

He finally discusses cellular chemistry. Under Special Physiology he gives, first, an interesting section on the foods used by the domestic animals, with elaborate analyses of the various constituents of their substances.

In logical order Digestion is next considered, and the different organs and fluids that take part in this act.

The blood, respiration, excretions and secretions, special senses, reproductive processes, all receive careful attention and able treatment.

Prof. Smith is happy in his arrangement of the matter, and also in the way in which he has considered each topic. For instance, in taking up digestion, he begins with the simplest form known—the amoeba—and from that traces the development of the process through ascending grades of the animal kingdom till he has reached the complexity of the mammalian apparatus.

This is his method of discussing each of the main subjects, and it is a method greatly to be commended for clearness and worth.

The book is profusely illustrated with good cuts, some of them colored. The illustrations are mostly reproductions of figures in previous works of various kinds, since Prof. Smith has not assumed, we believe, to set forth much that is altogether new, but rather to give in a readable form the results of value collected from the many investigators in this department.

MANUEL DE MÉDECINE. DE J. F. MALGAIGNE. Professor de Médecine Opératoire à la Faculté de Médecine de Paris, Membre de l'Académie de Médecine, etc. Neuvième Edition par Léon Le Fort, Professeur de Clinique Chirurgicale à la Faculté de Médecine de Paris, Membre de l'Académie de Médecine. Second Partie : Opérations Spéciales, avec 434 figures intercalées dans le texte. 12mo. pp. 871. Paris: Ancienne Librairie Genner Baillière et cie. Félix Alcan, Editeur, 1889.

The author states it is unusual to preface the second volume of a work; it is equally unusual to review one in this order. Our excuse is that the first volume is not yet at hand. The work is such an exceptionally elegant one, and of such exceptionally high merit, that it seems like a deprivation to retain it from notice for an unnecessary time. Neither author needs an introduction to American students. Malgaigne is as familiar to us as Gross or Pancoast; Le Fort, his able successor, has left charming recollections of his personality by his visit to the Ninth International Congress in Washington, and those who had not previously known of him soon learned to see a master in this brilliant writer and lecturer. The volume in hand deals with the special surgical operations, and is certainly the most complete that has ever been seen by us. The first part of the volume is devoted to operative procedures upon the eye, and it is doubtful if any special work upon this surgical division gives the accurate and detailed delineations of the many different procedures that may be practised to attain the same end. This is indeed a praiseworthy feature throughout the entire book. While Le Fort has in many instances practised methods of his own invention to secure certain results, with a modesty that is not usual in medical authors, he does not give such procedures undue prominence, nor does he forget those practised by others in which attainments equally good have been claimed. It is rare to find such a mélange upon individual methods, and it must be difficult for an author not to slight those opera-

tions which are left unpracticed for those only chosen by individual preference. Yet Le Fort has accomplished this. How? A part of the solution can surely be found in the statement he makes in the preface: "No operation or method of procedure has been recommended that has not been first practised by me upon the patient, or its feasibility been demonstrated upon the cadaver in the dead-house." It would then seem that apart from fancy he tries all, that none which deserve it shall not have the prominence to which their value may entitle them. This is evidence, itself, of a broad mind, and shows that the author cannot be likened to that woman described by George Meredith: "She could conceive of but two possible opinions upon any given subject—her own and the wrong one." After the eye and its appendages, the nose, ear, mouth, throat, thorax, abdomen, rectum and anus are each in turn considered, and are followed by the genito-urinary diseases in man and woman, special chapters upon the diseases and operations upon the uterine appendages, extra-uterine pregnancy and the Cesarian operations being the closing ones of the book.

If there be one part of the volume which deserves mention above another it is such of it as is devoted to plastic surgery, and this is not a small part. Text-books usually devote so little attention to this important part of practice, that what is given is so inadequate to the needs of particular cases that it is practically worthless. The student, during his term of tuition, is fortunate if shown a half dozen cases in which this interference is practiced. The teacher after giving a few fundamental principles which underlie this all important part, usually dismisses the subject by saying the practitioner must exercise his own ingenuity to devise such flaps as shall give the most perfect result with the least possible lasting deformity. Admirable advice! but unfortunately it is only the exceptional surgeon who ever attains to this exceptional ability. The result of all this is, that very few operators are good plastic surgeons, many avoid interference that is absolutely essential, and some operate with resulting deformities that are truly heartrending. The cause must surely be insufficient knowledge of the cicatricial changes produced and the consequent deformity by distortion and obliteration of the normal lines. The author has evidently gone to great lengths to rectify this deficiency. The matter devoted to this subject cannot too strenuously be recommended to the general reader, and it would be difficult to conceive of any one who would not clearly understand something of the cosmetic art after finishing the study.

He has recognized the wonderful aid that diagrams give to the elucidation of this often intricate procedure, and very faithfully depicts the primary incisions, transplantations, and ultimate fastenings of the flaps; in consequence the matter is so simply and vividly pictured that any novice can quickly grasp the subject. It is to be regretted that so little attention has been given to the work of the American surgeon, indeed, excepting the chapters on the diseases of women and that devoted to tubage of the larynx, scarcely an American name can be found in

the book. In the chapter devoted to intubation the author quotes largely from the paper of M. J. Stern, read at the Washington Congress, and which is ascribed to Stein.

Too much praise cannot be given to the illustrations throughout the work, they are most copious and it has evidently been the aim that where it was possible to elucidate a subject with a drawing, it was inserted. It is no exaggeration to state that the serial drawings of many operations described are so complete that the procedure is perfectly intelligible without referring to the text. This is particularly true of the parts devoted to cosmetic surgery, of the illustrations themselves, it may be said, they are accurate and of the highest merit, another rarity in surgical text-books. He earnestly hopes the work will meet with a continuance of the favor in which it has been held, and the strenuous efforts that have evidently been made to perfect it must surely destine it to continue its position among the foremost surgical text-books of the age.

M. J. S.

THE HISTORY OF EDUCATION IN FLORIDA. By GEORGE CARY BUSH, Ph.D. Pp. 57.

THE HISTORY OF EDUCATION IN GEORGIA. By CHARLES EDGEWORTH JONES. Pp. 154.

HISTORY OF HIGHER EDUCATION IN SOUTH CAROLINA, WITH A SKETCH OF THE FREE SCHOOL SYSTEM. By COLONEL MERIWETHER, A.B. Pp. 247.

HISTORY OF HIGHER EDUCATION IN WISCONSIN. By WILLIAM F. ALLEN and DAVID E. SPENCER. Pp. 68.

It is well that this series of monographs relating to the growth of educational facilities in the different States, and the effects produced by this increase, has been taken in hand at the present time. Much information that can now be gained by exploiting old records, old newspapers, and various other sources, may either, through accident or the lapse of time, shortly be impossible to acquire. At once, therefore, is the proper moment to collect from these different and transient sources their individual contributions and form them into a complete and permanent whole. The results are valuable, not only at the present time, but will also inspire gratitude in the heart of the future historian.

THE HISTORY OF EDUCATION IN NORTH CAROLINA. By CHARLES LEE SMITH.

This belongs to a series of contributions to American Educational History, edited by Prof. Herbert B. Adams, Ph.D., of Johns Hopkins University.

The author furnishes a pamphlet of 177 pages, and shows by his work that he has spared neither time nor patience to make his record as valuable as possible.

OUT of the 400 or 500 cases of typhoid fever in Philadelphia, a large part of them are in the Kensington district. Nineteen new cases in this district has led the Board of Health to urge the City Council to discontinue the pumping station at Otis Street wharf, Delaware River. Since the recent resumption of these works there has been a twenty-five per cent. increase in the death-rate.

Pamphlets.

Directory of the Class of '88 of the Jefferson Medical College.
Radical Cure of Hernia; by Thomas W. Kay, M.D., Scranton, Pa.

Twenty-fifth Report of the Trustees of the City Hospitals, Boston, 1888.

University of Pennsylvania, Catalogue of Department of Medicine for 1889-90.

Remarks on the Unpleasant Effects of Sulphonal, by J. P. Crozier Griffith, M.D., Philadelphia.

Clinical Observations on the Action of Sulfonal-Bayer, published by W. H. Schieffelin & Co., New York.

Annual Announcement and Catalogue of the College of Physicians and Surgeons, Baltimore, 1889-90.

Catalogue of the Albany Medical College, Medical Department of Union University, Session of 1888-90.

On Some Mild Measures in the Treatment of Intra-nasal Hypertrophies and Inflammations, by W. H. Daly, M.D., Pittsburg, Pa.

Where the more radical measures are inadmissible for any reason, Dr. Daly advocates blood depletion, especially in hypertrophies of the nasal walls. This method is almost painless, and he has gained from it excellent results.

Inebriate Asylums and Their Work, by T. D. Crothers, M.D.

The author holds that inebriety is a disease, not merely a habit, and must therefore be treated as a disease. He gives an interesting account of the origin of inebriate asylums and the difficulties they encountered. He concludes that there is little hope of doing much good, unless the patient commits himself to the absolute control of the hospital authorities. There is slight dependence to be placed on moral suasion alone with a man who has lost all his will power.

Digestive Ferments. A Consideration of their Nature, Action, Quality, Dosage and Incompatibilities, with notes on Clinical cases. Compiled from current literature by the scientific department of Parke, Davis & Co., 1889, 148 pages.

The subject of dietetics and aids to digestion has now become such an important one that any contribution to our knowledge in that direction is of inestimable value to the profession. Messrs. Parke, Davis & Co. have presented in their brochure an exhaustive compilation of the results of recent investigation on the two great ferments, pepsin and pancreatin, thus producing a concise and convenient grouping of the latest literature on these aids to digestion.

Spinal Localization in its Practical Relations, by Charles K. Mills, M.D., Philadelphia.

This paper, added to Dr. Mills' excellent one on Cerebral Localization, makes a valuable contribution to the important subject of Localization. The first part of the paper is devoted to general considerations, in which he mentions the operations which have so far been performed for spinal affections, gives notes on cases of focal spinal lesions, with autopsies, discusses the feasibility of operating for spinal tumors, intraspinal hemorrhage, caries and angular curvature, and for intractable neuralgia affecting nerves close to their origin. In the second part he takes up The Facts and Rules of Spinal Localization, and treats the subject in a lucid and easy style, and in such a manner as to show not only that he is thoroughly conversant with what he has undertaken, but also that it is worthy of the title "Practical" which he has given it.

The Relation between Trophic Lesions and Diseases of the Nervous System, by E. C. Seguin, M.D.

Dr. Seguin classes so-called "trophic lesions" under two heads, first, a class which includes cutaneous ulcerations, falls of hair and nails, altered appearance of nails and hair, articular changes, deep eschars, necrosis of digits, and most of the lesions observed in the hollow viscera lined by epithelium. He considers these to be proved not to be trophic disturbances, but capable of being prevented by appropriate means. In the second class are enumerated all those lesions in which extraneous or traumatic causes cannot be shown to act. These he considers to be truly trophic in character, but as to the mechanism of origin he admits nothing is known.

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Gleanings.

IT is a pleasure to record the names of the following New York physicians who give their services this year in aid of "The Tribune Fresh Air Fund. They examine all children that the Fund proposes to send into the country to see that they are free from contagious diseases. These physicians are: Drs. C. C. Vinton, W. J. Hall, F. E. Hopkins, Annie S. Daniel, George Williamson, John P. Toland, M. E. Herrick, Gertrude B. Kelly, M. M. Vinton, Sarah A. French, Andrew L. Barrett, and Charles L. Lang.

DR. MASHKOVSKI measured the chests of 275 consumptives and the same number of healthy persons (212 males and 63 females in both cases), with a view of ascertaining whether it has any bearing on the etiology of phthisis. The result of his observations are: the circumference in consumptives is 0.03 c.m. less; the upper anterior posterior diameter is the same, the middle anterior posterior diameter is even larger (0.16 c.m.), the thoracic coefficient (the relation between the lower transverse diameter and that of the anterior posterior) is 1 c.m. less in phthisis. While on an average the difference in measurement between healthy and consumptive persons is insignificant, the difference between consumptives of the first stage (well preserved) and those of the second stage (disease highly developed) is very considerable. Dr. M. concluded that there is no indication of the existence of a typical chest peculiar to consumptives, and, therefore, an abnormal chest cannot be regarded as predisposing to phthisis, and the diminution of some of the diameters in consumptives is a consequential condition following the development of disease.—*Vratsch.*

CONTINUOUS SECRETION OF GASTRIC JUICE WITH DECREASE OF FREE ACID SALTS. (SECRETIO CONTINUA ANACIDATA.)—Dr. Puritz reports the following case of dilated stomach. The patient complained of pain and heaviness under the ensiform cartilage, which increased after meals, and more so towards evening. He walked with a stooping gait, and was compelled to lie with face downward. Had nausea and frequent inclinations to vomit; severe belching, heartburn and lack of appetite. On percussion from sixth rib downward—tympanitic sound; on palpation of abdomen—felt like cushion filled with air. The stomach could hold without any inconvenience to patient about three litres of water. On introducing the sound, gastric juice could be obtained at any hour of the day, the stomach not having been irritated by the entrance of food or any other mechanical cause. The gastric juice was present in the morning, on an empty stomach, and was also obtained half an hour after the stomach was thoroughly washed. The analysis of the juice has shown the presence of free acid salts in quantities less than normal (0.067–0.159 per cent.). The urine contained chlorides in excess which confirmed and complemented the observations of Drs. Gluzinski, Jaworski, Rosenthal, Sticker and Grudzew, who, experimenting on cases of increased quantities of chlorides in gastric juice, discovered

the existence of an inverse ratio between the free acid salts and the amount of chlorides in the urine.

—*Vratsch.*

THE MODERN WASTE OF HEALTH.—Our elaborate code of by-laws for the suppression of holiday recreations can still be circumvented by the resources of opulence, and the well-known hopelessness of any other expedient has stimulated a race for wealth which does not hesitate to attain its object at any risk of social or sanitary consequences. The number of infants which the superstition of the Ammonites sacrificed to Moloch is a mere trifle compared with the multitude of children now devoted to a far more cruel fate by being literally drugged to death in crowded factories to enable a millionaire to save a few dimes on his weekly pay-roll and add a few per cent. to the exorbitant rate of his yearly profits. In times of general scarcity the market has been drained of its scant supplies by speculators trying to coin gain from the distress of their fellow-men, and risking after all, to be foiled by the decay of their hoarded stores or their destruction by fire or flood. Quack nostrums, which not one intelligent man in a hundred would privately hesitate to pronounce infinitely worse than worthless, are sold by ship-loads and car-loads to disseminate disease and the seeds of the stimulative, and the saints who contribute thousands to insure the theological soundness of the Quaggalla Hottentots do not care enough for the physical health of their own countrymen to whisper a word against the lawfulness of the infamous traffic.—From "*The Wastes of Modern Civilization,*" by F. S. OSWALD, M.D., in the *Popular Science Monthly* for August.

MASSAGE OF ABDOMEN AND LUMBAR REGION AS A DIURETIC.—Dr. Polubinski reports his observations of massage on the abdomen and lumbar region made with a view of ascertaining its physiological action on the kidneys. The subjects upon whom he experimented were healthy persons, and they received the same quantity of food. The experiment commenced at 12 (noon) when the subjects (ten in number) urinated, and the urine thrown away. The urine of the twenty-four hours was collected in different vessels as follows: First portion from 12 to 2 P.M. (in massage days: dinner, half hour; massage, half hour, and one hour rest); second portion, from 2 to 4 P.M. (massage, half hour; one and a half hour rest), and from 4 to 12 of the following day. When the abdomen was massaged the quantity of urine during the first two hours was considerably increased, so much so that the whole quantity of the twenty-four hours, as compared with that on non-massage days was notably increased. The amount of urine between 12 and 4 P.M. was three times that on non-massage days for the same period. Even the third portion of the urine (from 4 P.M. till noon) was on the increase, insignificantly, though. Along with the increase in quantity the solids urea and urates were increased. When massage of lumbar region was made the quantity remained the same on non-massage days, but the solids, urea and urates, considerably increased during the whole twenty-four hours.—*Vratsch.*

Medical News and Miscellany.

ST. JOSEPH, Mo., has a new medical journal.

LEMON-JUICE relieves pruritus ani very quickly.

DR. BOENNING has removed to 538 North Sixth Street.

THE Chicago *Medical Examiner* has suspended publication.

DR. E. A. WOOD, of Pittsburgh, is said to be seriously ill.

THE Attica sleeping wonder is getting tired of it, and is coming around.

EFFORTS are being made to stop the sale of fraudulent Apollinaris water.

DR. THOMAS H. ANDREWS spends the summer at The Chalfonte, Cape May.

DR. LEFFMANN found arsenic in the stomach of Mrs. Glynn, of Scranton.

DR. TIMOTHY NEWELL, of Providence, is the defendant in a suit for divorce.

DR. ERNEST LAPLACE, of New Orleans, is visiting Dr. W. H. Pancoast at his Elberon cottage.

A PATIENT died in Bellevue Hospital of angina ludovici, following the extraction of a tooth.

FOR hyperesthesia of the intestinal mucous membrane there is no remedy equal to acetate of lead.

THE St. Louis *Weekly Medical Review* has been enlarged to the size of the TIMES AND REGISTER.

DR. WILLIAM C. RONEV, a prominent physician of Pottstown, died Tuesday night, aged sixty-five years.

THIS has been an exceptionally healthy summer for Philadelphia, as shown by the record of interments.

THE Minnesota Board of Health have decided to send a man bitten by a rabid cat to Pasteur for treatment.

AFTER a while nothing will be open in this city on Sunday except the question whether life is worth living.—*Times*.

SURGEON-GENERAL HAMILTON says that great progress in sanitary reform has been made in the Southern cities.

A PECULIAR and fatal affection of the bowels prevails at Rarden and Otway, O. It is attributed to the drinking water.

JULY 25 was Donation Day at the Hospital of the Good Shepherd. The receipts were insufficient to cover the expenses.

DR. LAWBRON, of New York, offers \$200 in prizes for essays on the dragon-fly, and its employment as a destroyer of mosquitoes.

THE meeting of the Pennsylvania State Medical Society has been postponed until next June, when it will be held at Pittsburgh.

DR. CHURCH, resident physician at the Williamsport Hospital, is enjoying a two weeks' vacation travelling in the Western part of the State.—*Press*.

JORDAN BLAIR, of Montrose, Pa., is said to have amputated his own leg with a jack-knife, and to be on the road to recovery.

I. I. MAPES, a graduate of Columbia College, New York, has taken the Edinburgh University medal for proficiency in the study of anatomy.

DR. JAMES BLOOMFIELD has resigned from the resident staff of the Philadelphia Hospital and will remove to Georgia to practice.—*Press*.

THE Upas tree is another exploded phenomenon; the ground about and under it being as salubrious as any other locality, for plants and animals.

NEWARK is also on the war path for purer water; the Jersey courts having decided that Passaic may use the river for a sewer as long as it likes.

DR. H. M. FRIST, of Wilmington, has been appointed one of the Demonstrators of Chemistry at the Jefferson Medical College, Philadelphia.

A RENOVO girl became insane just after taking a glass of ice-water; and her physician very unnecessarily attempts to explain the *modus operandi*.

THE chemist of the New York Board of Health recommends ventilation of the subways, as 866,000,000 cubic feet of gas escapes yearly into the streets.

THE faith-curers are having a good deal of fun poked at them; but not any more than they deserve. Ridicule is the only weapon to point at nonsense.

FRANK JONES, of Columbia, was afflicted with liver complaint, and at the suggestion of a friend he took salpetre as a remedy. He took an overdose and died.

THREE female physicians have been arrested in Sayreville, Middlesex County, for practicing without a diploma. The charge was made by another female practitioner.

DR. J. L. BAKER's family, of West Chester, were at table the other night when the connection of the electric light burned out, emitting sparks which set fire to the tablecloth.

DR. W. REYNOLDS WILSON, son of the late Dr. Ellwood Wilson, has resigned from the resident staff of the Philadelphia Hospital in order to take charge of his father's practice.—*Press*.

DYSENTERY is prevailing in Howard County, Md., and adjacent sections of Baltimore County. The disease extends to all ages alike. A number of deaths have already occurred.—*Times*.

THE Philadelphia Board of Health decided to permit the Fairmount bath-house to remain on condition that it shall be moved seventy-five feet nearer the dam and bathing restricted to the ebb tide.

THE Luzerne County Medical Association will meet at the Lake Hotel, Harvey's Lake, Pa., on August 7. Harvey's Lake has taken its place as one of the most favored mountain and lake resorts of the country. The beautiful scenery, pure water, cool breezes, and comfortable Lake Hotel make a combination of attractions equalled by few resorts.

VALERIANIC ether, in pearls containing five minimis, proves a very useful stimulant for anaemic women, subject to fainting fits and attacks of pain in the region of the solar plexus.

A HUNGARIAN woman in Reading is said to have been bitten by a copperhead, and immediately gave birth to triplets. That beats Brown-Séquard; America is still ahead, and the country's safe.

SURGEON DUNCAN, of the steamship "Colon," who didn't have yellow fever, although quarantined for it, has at last succeeded in getting married. His fiancee was also quarantined while he was ill.

A PHILADELPHIA lady allowed her physician to treat her for fifteen years for heart disease, though she refused to accept the diagnosis. She died, an autopsy was held, and the doctor was right.

A VERITABLE valley of death is said to exist in the Yellowstone Park, where animals, even as large as the bear, are asphyxiated. This is said to account for the disappearance of game from the Park.

DR. SEGNITZ urges the New York Board of Health to recommend a law prohibiting the marriage of consumptives. Let us go a little easy, and first compel the disinfection of sputa, as more effective and easier to enforce.

DR. TALCOTT, of the Middletown Lunatic Asylum, is said to have found that base-ball playing has an excellent effect upon his patients. We are unable to say whether Dr. T. is a homœopathist or not; but suppose so from the above.

THE architect employed by the Board of Education has made an alleged reply to the report of Dr. Taylor. There is a general cleaning up in progress, and it is probable that the nuisances will be abated before the fall term opens.

EACH German regiment is to have a chiropodist attached to it. There is no question as to the importance of keeping the soldier's feet in order, but it would be better to compel the regular surgeon to learn the art of the chiropodist.

FOR SUMMER DIARRHEA.—

R.—Tinct. hydrastis	5j.
Potas. carbonat.	5j.
Syr. rhei aromat.	5vij.—M.
Sig.—Half ounce every four hours.— <i>Waugh.</i>	

THERE is not much use in giving the sulpho-carbolates by the mouth in summer complaint when the affection is mainly in the lower bowel. The salt should then be used by enema—ten grains to one or two ounces of any mucilaginous liquid.

OATMEAL water has become a popular summer beverage in many of the Philadelphia manufactories. Once accustomed to this drink, the most inveterate beer-guzzler will not exchange it for any alcoholic drink, if he is working in great heat.

If all the public school buildings reported by Medical Inspector Taylor are as defective as the report indicates, the only time a large portion of the school population of this city can be considered at all safe is during the vacation season.—*Times.*

DR. ALEXANDER R. BLAIR, after an illness of several weeks, died at his residence in York, aged sixty-two years. The York County Medical Society held a meeting and adopted appropriate resolutions.

THE Marine Hospital Bureau has information that the report of the existence of dengue fever at Fernandina, Fla., is false, and the report of yellow fever on the northeast coast of Mexico is also denied.—

Record.

THE Society of Science, Letters, and Art, of London, has awarded to Ephraim Cutter, M.D., LL.D., a gold medal for his papers recently read before it, entitled: The Relations of Medicine and Music, Cleaned Whole Wheat, and Hygienic Drinks.

THE course upon physiology at the Medico-Chirurgical College will be given this winter by Dr. Samuel Wolfe. Dr. Wolfe attracted much attention as a fine speaker last summer, when he gave the Address in Obstetrics at the Pennsylvania State Medical Society.

THE Director of the Royal Elizabeth School, in Berlin, Prof. Waetzoldt, has entered a strong protest against the practice of allowing young girls of doubtful musical ability to spend hours at the piano; to their own physical detriment and the torture of their hearers.

AN actress is said to have reduced her weight fifty pounds in twenty days. Her method of diet is nearly as comprehensive as that of Caryl Carne, in Blackmore's romance, Springhaven. She lives on water and one orange per day, and takes three Turkish baths weekly.

DR. RANDLE has made a report to the Board of Health upon the typhoid fever, which in all essential particulars verifies the view taken in our editorial. He points out that the large number of cases reported from Kensington includes those in the large hospitals, coming from all parts of the city.

THE law of heredity goes on silently enforcing itself without trial or sentence, from generation to generation. Its forces gather and break, unknown to the ordinary observer, building up and tearing down human life, with a certainty that knows no change or shadow of turning.—*Journal of Inebriety.*

DR. JOHN B. ROBERTS has been elected Professor of Surgery at the Woman's Medical College of Philadelphia; taking the place hitherto filled by Dr. W. W. Keen. Dr. Roberts has always been a consistent friend of the lady physicians; and by his election the Faculty gains a cool and skilful operator, a popular and experienced teacher.

THE crying need for a general divorce law is shown by the asserted fact that a Philadelphia doctor is a good, law-abiding citizen at home, but if he crosses the Hudson River into New York, he is a bigamist, with the State Prison staring him in the face.

This is all wrong; especially as it tends to raise a distinction between the legal and the right, and thus lessens the respect for law, which is the foundation of civil liberty.

DR. D. W. HARRINGTON, a prominent Lockport physician, accidentally took an overdose of morphine to relieve neuralgia in the head. Three doctors saved his life with an electric battery after all other means failed.—*Press*.

THE disinterested parties who are anxious to have water brought to Philadelphia from the upper Delaware, above Trenton, are probably not aware that when this water was analyzed, some time ago, it proved to have more organic matter in it than that of the Schuylkill. This was probably of vegetable origin.

THE American Association of Obstetricians and Gynecologists will hold its next annual meeting at the Burnet House, Cincinnati, O., in the rooms lately occupied by the Military Order of the Loyal Legion, on Tuesday, Wednesday and Thursday, September 17, 18 and 19, 1889. No formal invitations will be issued to non-members, but the Association hereby extends a cordial invitation to such members of the profession wherever resident as may feel interested, to attend the meeting and participate in the proceedings. The papers and discussions will embrace subjects pertaining to obstetrics, gynecology and abdominal surgery. By order of the President.

WILLIAM WARREN POTTER, *Secretary*.

THE Faculty of the College of Physicians and Surgeons of Baltimore held a meeting to fill the vacancies created by the deaths of Professors John S. Lynch and Oscar J. Coskery, and the retirement of Professor A. B. Arnold, who has returned to San Francisco. Prof. Thomas S. Latimer was transferred to the chair of principles and practice of medicine and clinical medicine; Prof. Charles F. Bevan to the chair of principles and practice of surgery and clinical surgery; Prof. J. W. Chambers to the chair of operative and clinical surgery, and Prof. George H. Rohé to the chair of obstetrics and hygiene. Prof. Thomas Opie will continue as professor of diseases of women and dean of the faculty. To fill vacancies created by these transfers new professors were elected as follows: Prof. Henry Sewall, of the University of Michigan, to the professorship of physiology; Dr. George J. Preston to the professorship of anatomy, with the diseases of the nervous system as a clinical branch of instruction. Dr. N. G. Keirle was elected as lecturer on legal medicine, in addition to his demonstrations in pathology; Dr. George Thomas as lecturer on diseases of the throat and chest; Dr. G. A. Liebig, Jr., of Johns Hopkins University, lecturer on medical electricity, and Dr. J. H. Branham, demonstrator of anatomy. Drs. L. F. Ankrum, Frank C. Bressler and F. G. Moyer were appointed assistant demonstrators, and Dr. R. G. Davis, prosector of anatomy. Prof. Sewall, who comes here from the University of Michigan, is an old Baltimorean, and was for several years demonstrator of biology in Johns Hopkins University. All the other appointees are residents of Baltimore. As an evidence of esteem on the part of his colleagues, Prof. Arnold was elected Emeritus professor of clinical medicine on his retirement.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from July 16, 1889, to July 29, 1889.

STEINMETZ, WM. R., Captain and Assistant-Surgeon. Now at Baltimore, Md., on leave of absence on account of disability, will, by the direction of the Secretary of War, report in person to the commanding officer of the Watertown Arsenal, Mass., for duty at that station, relieving Lieutenant-Colonel James C. McKee, surgeon. Par. 3 S. O. 166, A. G. O. July 20, 1889.

MCKEE, Colonel and Lieutenant. Will repair to Philadelphia, Pa., on being relieved at the Watertown Arsenal, and assume the duties of attending surgeon and examiner of recruits in that city. Par. 3, S. O. 166, A. G. O., July 20, 1889.

ROBINSON, SAMUEL Q., Captain and Assistant-Surgeon. Leave of absence for two weeks is hereby granted. Fort Hamilton, N. Y. H. Par. 11, S. O. 165, Headquarters Division of the Atlantic, July 22, 1889.

BALL R. R., Lieutenant and Assistant-Surgeon. Leave of absence granted in S. O. 87 Department of the Missouri, July 9, is extended five days. Par. 1, S. O. 167, A. G. O., July 22, 1889.

EWING, CHARLES B., Assistant-Surgeon. Promoted to be Assistant-Surgeon with the rank of Captain, after five years service, in accordance with the Act of June 23, 1874; July 5, 1889.

BALL, R. R., First Lieutenant and Assistant-Surgeon. The extension of leave of absence granted, in S. O. 167, July 22, 1889, from this office, is further extended ten days. Par. 23, S. O. 169, A. G. O., Washington, July 24, 1889.

By direction of the President, the State of Arkansas, embracing Little Rock Barracks, is transferred to the Department of the Missouri. General Orders, No. 66, Headquarters of the Army, A. G. O., July 19, 1889.

GARDNER, WILLIAM H., Major and Surgeon. Is detailed to attend the encampment of the National Guard of the District of the Columbia, by direction of the Secretary of War, at Fort Washington, Md., from July 22, to July 29, 1889, for the purpose of giving instructions to the medical officers and hospital corps in their respective duties. Par. 1, S. O. 164, A. G. O., July 18, 1889.

BUNTON, H. G., Captain and Assistant-Surgeon. By direction of the Secretary of War the extension of leave of absence on surgeon's certificate of disability granted, in S. O. 22, January 26, 1889, from this office, is further extended two months on account of sickness. Par. 1, S. O. 162, A. G. O., July 16, 1889.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ending July 20, 1889.

VANSANT, JOHN, Surgeon. When relieved to proceed to Mobile, Ala., July 11, 1889.

MEAD, F. W., Passed Assistant-Surgeon. Relieved from duty as acting Chief Clerk and Attending Surgeon, and ordered to St. Louis, Mo., July 11, 1889.

WILLIAMS, L. L., Passed Assistant-Surgeon. Relieved from duty at Cape Charles Quarantine Station; Ordered to Baltimore, Md., July 10, 1889.

KALLOCH, P. C., Passed Assistant-Surgeon. Granted leave of absence for thirty days, July 15, 1889.

PETTUS, W. J., Assistant-Surgeon. When relieved to proceed to Marine Hospital, Boston, Mass., for duty, July 18, 1889.

WOODWARD, P. M., Assistant Surgeon. Granted leave of absence for thirty days, July 15, 1889.

VAUGHAN, G. T., Assistant-Surgeon. Relieved from duty at Boston, Mass., and ordered to Norfolk, Va., July 18, 1889.

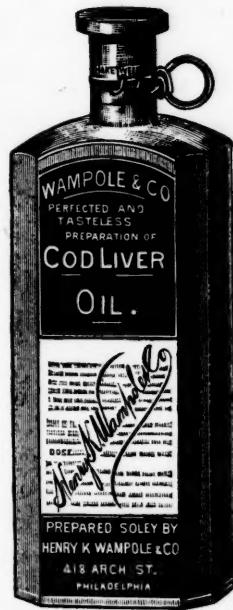
STONER, J. B., Assistant-Surgeon. Granted leave of absence for twenty-five days, July 15, 1889.

GEDDINGS, H. D., Assistant-Surgeon. Relieved from duty at Baltimore, Md., ordered to Key West Quarantine Station, July 18, 1889.

WERTENBAKER, C. B., Assistant-Surgeon. Relieved from duty at Norfolk, and ordered to Galveston, Texas, July 18, 1889.

GROENEVELT, J. T., commissioned as Assistant-Surgeon, July 11, 1889, ordered to Gulf Quarantine Station for temporary duty, July 20, 1889.

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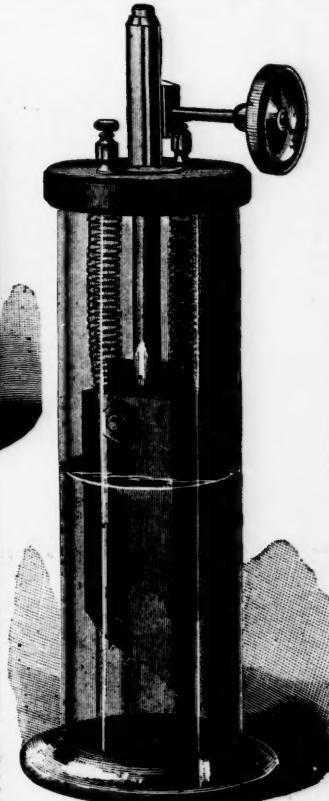


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DR. BOLUS (at a consultation). Well, gentlemen, my opinion is that the patient cannot live a week.

[Dr. Sawbones, Dr. Squills, Dr. Occiput and Dr. Panreas coincide.]

Dr. Shingle (a recent accession to the local medical talent). Gentlemen, I beg leave to differ. The patient will recover. His ailment is imaginary. There is really nothing the matter with him.

Dr. Bolus (arrogantly). You certainly do not expect to convince us of the correctness of your diagnosis, sir!

Dr. Shingle. No, sir; probably not. Yet you will pardon me for saying that I was a pension agent for twenty years before I became a doctor, and—

Dr. Bolus (with deep conviction). Gentlemen, if he can't see any disease in the patient it isn't there!

[Dr. Sawbones, Dr. Squills, Dr. Occiput and Dr. Panreas coincide.]—Chicago Tribune.

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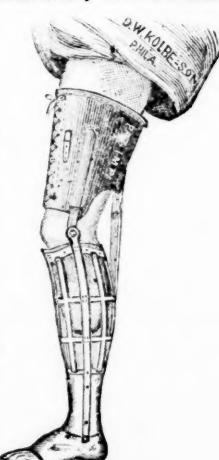
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Seats are issued in the order of matriculation and are forfeitable if the fees are not paid before November 1.

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UTERINE TONIC AND RESTORATIVE.

Prepared from the Aletris Farinosa or True Unicorn and Aromatics.

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Amenorrhea, Dysmenorrhea, Leucorrhœa, Prolapsus Uteri, Sterility, to Prevent Miscarriage, Etc.

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It Restores Normal Action to the Uterus, and Imparts Vigor to the Entire Uterine System.

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CHAS. CLAY, M. R. C. S., Manor House, Dewsbury, England, says:—I find Aletris Cordial (Rio) is of great service in threatened miscarriage.

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DR. RASQUINET, Jupille, near Liege, Belgium, says:—I tried Aletris Cordial (Rio) in the case of a woman who had had several miscarriages at the end of five months, and who is now again pregnant, having reached the seventh month: thanks to Aletris Cordial.

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W. F. TOOMBS, M. D., Morrillton, Ark., says:—I have used a great deal of your Aletris Cordial (Rio) and I find it all you claim for it in amenorrhea, dysmenorrhea, metritis, leucorrhœa; I don't think it has an equal. I have used it in two cases of threatened miscarriage and the trouble was obviated. For a general Uterine Tonic I know of nothing superior.

R. D. PATTERSON, L. R. C. S. &c., Medical Officer, Caledon Dispensary, Co. Tyrone, Ireland, says:—I have very great pleasure in testifying to the very high opinion I hold of Aletris Cordial (Rio) in threatened miscarriage.

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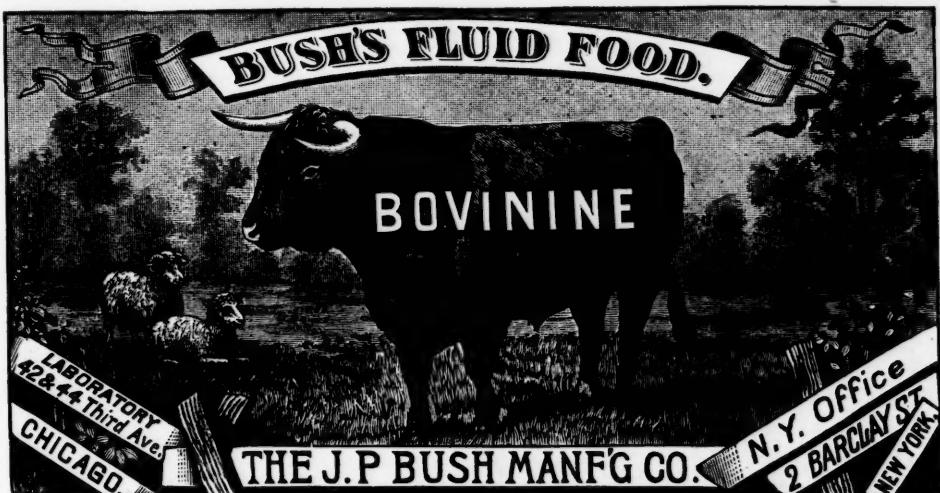
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RAW FOOD EXTRACTS AND THEIR VALUE.

FROM AN ESSAY READ BEFORE THE AMERICAN MEDICAL ASSOCIATION AT WASHINGTON, D. C., MAY 6th, 1884,

BY B. N. TOWLE, M.D., OF BOSTON.

"Nervous debility and neuralgia are often the results of nerve starvation. They are now, more than ever, the dread of every intelligent physician, and the terror of all business men. The weary hours of pain, and the sleepless nights of those suffering from nervous diseases, are but the beseechings of an exhausted nerve for food. Hungry and starved, they make their wants known by the pain they set up as their only agonizing cry; and no medication will give permanent relief until the hunger is satisfied."

Our research, then, must be to find a more easily digested and assimilated food.

Observation seems to sanction the fact that vegetable food elements are more readily assimilated by persons of feeble digestion than are the animal food elements, and especially when they have undergone the digestive process in the stomachs of healthy cattle. The juices of these animals, when healthy and fat, *must* contain all the food elements in a state of solution most perfect, and freed from all insoluble portions, and hence in a form more easily assimilated than any other known food.

I have used Raw Food Extracts for more than eight years, in a large number and variety of cases, and in no case of malnutrition has it failed to give relief.

I have given it to patients continuously for months, with signal benefit, especially in complicated cases of dyspepsia, attended with epigastric uneasiness arising from enervation, and in nervous debility of long standing. The sudden and full relief this food affords patients who have a constant faintness at the stomach, even immediately after taking food, shows how readily it is assimilated. This faintness is a form of hunger, and is the cry of the tissues for food, not quantity but quality—a food that the famishing tissues can appropriate and thrive upon.

Raw Food is equally adapted to lingering acute diseases. I have used it in the troublesome sequelae of scarlatina, where there was exhaustion from abscesses in the vicinity of the carotid and submaxillary glands; and in protracted convalescence from typhoid fever, with marked advantage. The cases that I especially value it in are laryngeal consumption and nervous exhaustion, in which cases there is always more or less derangement of the digestive tract, such as pain in the stomach, constipation, eructation of gases, distress after taking food, etc. Raw Food should be taken with each meal, the patients taking such other food as they can readily digest, in quantities suited to the individual case.

It adds much to the nutrition of the patient, overcomes the constipation, subdues the nervousness by increasing the strength, and is just the amount added which is required to secure success."

The unsolicited opinion of Surgeon-General Murray, U. S. A. (Retired).

"It gives me pleasure to give my testimony to the very great value of BOVININE as a dietetic preparation. I have used it for more than a year in a very aggravated case of nervous dyspepsia, and have found it to answer very much better than any of the many preparations or extracts of meat before used."

I find that it keeps perfectly even in the warmest weather; is very easily prepared for administration, and it has proved acceptable and beneficial in every case in which I have known it to be given."

PHILADELPHIA, PA., March 1st, 1887.

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R. MURRAY, M.D.,

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The Prescribed Dose produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **MENTAL AND NERVOUS AFFECTIONS**.

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J. W. CRUMBAUGH, M.D., Hockessin, Del., writes : "I have to thank you, as a father, for the sample package of Lactated Food. My youngest child was deep in the mire of cholera infantum, showing that intolerance of milk I so much dread, when your Food made its appearance. I at once prepared a watery solution of it, which he retained, and which proved to be the turning point in his case. He is now doing well. My wife wishes to join me in thanking you, and to say it was after all other of the prominent artificial foods failed, that yours succeeded so admirably."

M. W. SLOCUM, M.D., Buchanan, Mich., writes : "I tried Lactated Food in the case of our child, who was quite low with cholera infantum. I had tried all the kinds of food I could think of; at last I tried Lactated Food, with wonderful success. The child grew better right away, and has not been sick since."

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Lactated Food contains neither cane sugar or starch ; its base is sugar of milk ; it is a cooked, pre-digested, non-irritating Food. Used either with or without milk, it is best and most economical.

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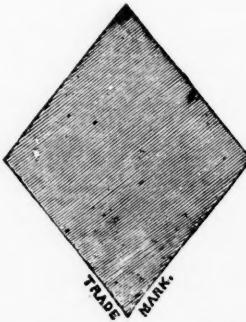
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